

VOLUNTEER ENTRANCE INTERVIEW

The following items have been discussed with: \_\_\_\_\_  
PRINT VOLUNTEER NAME

PLEASE CHECK ALL ITEMS THAT APPLY BELOW:

- Volunteer completed Emergency Information Form.
- Volunteer completed the Criminal Conviction History Inquiry Consent & Declaration of Conviction Form.
- Explanation of the Agency's affiliation with the area credit unions.
- Volunteer completed Performance Standard Form.
- Volunteer completed Condition of Participation Form.
- Volunteer completed Declaration of Conviction Form.
- Volunteer was given Occupational Safety & Health Program SOP.
- Volunteer completed Confidentiality Agreement.
- Volunteer received identification badge.

I acknowledge that all items listed above have been fully explained to me. I also affirm all items marked, accurately reflect my decisions.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

THIS VOLUNTEER WAS INTERVIEWED BY:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



## VOLUNTEER INFORMATION CARD

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_  
Area Code

Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Today's Date \_\_\_\_\_

Birthday \_\_\_\_\_

Date Selected \_\_\_\_\_

AREAS OF INTEREST

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### NOTIFY IN CASE OF EMERGENCY

NAME	RELATIONSHIP	TELEPHONE	ADDRESS
1		(    )	
2		(    )	

SPECIAL MEDICATION INFORMATION: \_\_\_\_\_



VOLUNTEER CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, understand that client records are protected under  
(Print name of volunteer)

Federal and State Confidentiality regulations and cannot be disclosed without written consent of the client unless otherwise provided for in the regulations. I also understand that any information received subsequent to authorization for release will be maintained with reasonable care by OLHSA and that OLHSA is not responsible for any dissemination of material that may occur unless through its gross negligence or gross mismanagement.

I understand that the names, addresses, and personal information I may learn while servicing OLHSA clients are confidential and are not to be discussed with anyone except an OLHSA immediate supervisor or other appropriate manager.

I further acknowledge, as a volunteer of OLHSA, I agree not to divulge any information pertaining to OLHSA's client(s) unless Federal and State Confidentiality Regulations warrant me to do so.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**IN-KIND TRACKING RECORD  
VOLUNTEER SERVICE**

Program Name \_\_\_\_\_

Department / Division \_\_\_\_\_

Date	Printed Name	Activity/Service Provided	Volunteer's Occupation Or Special Training	Hourly Rate	Time In	Time Out	Volunteer Hours	Round Trip Mileage	Signature
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				<b>Accounting Use Only</b>	<b>Total:</b>				
					<b>Rate (w+f):</b>				

*I certify that the above services have been provided by the volunteer, are a donation to the Oakland Livingston Human Service Agency and are necessary and reasonable for proper and effective accomplishment of Oakland Livingston Human Service Agency's programs.*

OLHSA Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

OLHSA Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_



A Community Action Agency

IN-KIND DONATION FORM
DONATED GOODS

Program Name \_\_\_\_\_

Department / Division \_\_\_\_\_

Table with 4 columns: Date, Quantity, Description & Use, Value. The Value column contains dollar signs (\$).

I have donated the above items to the Oakland Livingston Human Service Agency. This is a donation to the Oakland Livingston Human Service Agency and no benefit shall be received by the donor from the Oakland Livingston Human Service Agency or any of its programs.

Name of Donor/Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature of Donor \_\_\_\_\_

I certify that the above items have been received from the donor, are a donation to the Oakland Livingston Human Service Agency and are necessary and reasonable for proper and effective accomplishment of Oakland Livingston Human Service Agency's programs.

OLHSA Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

OLHSA Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_



DECLARATION OF CONVICTION & VOLUNTEER CRIMINAL CONVICTION HISTORY INQUIRY CONSENT FORM

I \_\_\_\_\_, declare that I do not have any prior-previous convictions for child abuse or neglect and/or felony involving harm or threatened harm.

PRINT VOLUNTEER NAME

As a volunteer of the Oakland Livingston Human Service Agency, I understand that it is agency policy to secure Criminal Conviction History information as part of the selection process and at two year intervals, using the information provided below:

Print Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Maiden/Other: \_\_\_\_\_

Birth date: \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

I understand that the above information is required by the: Michigan State Police, Central Records Division, General Office Building, 7150 Harris Drive, Lansing, Michigan 48913. I authorize OLHSA to utilize the above information for the sole purpose of obtaining a Criminal Conviction History file search only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Sex Offender Public Registry  
INQUIRY CONSENT FORM

I understand that it is the Oakland Livingston Human Service Agency's policy to secure National Sex Offender Public Registry and Michigan Public Sex Offender Registry information as a part of the volunteer process and at two (2) year intervals, using the information provided below:

Print Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
City State Zip County

I understand that the above information is required by the U.S. department of Justice, 950 Pennsylvania Avenue, Washington, DC 20530-0001, (202)-514-2000, [www.nsopw.gov](http://www.nsopw.gov) and the Michigan Public Sex Offender Registry, (517) 241-1806, [www.mipsor.state.mi.us](http://www.mipsor.state.mi.us). I authorize OLHSA to utilize the above information for the sole purpose of obtaining National Sex Offender Public Registry and Michigan Public Sex Offender Registry reports.

I also understand that my signature signifies that I am aware of the fact that if a listing is found on my record it will be weighted heavily in determining whether or not my ability to volunteer will be continued.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



VOLUNTEER CONDITIONS

I, \_\_\_\_\_ hereby acknowledge that, as a condition
Print Volunteer Name
of volunteering with the Oakland Livingston Human Service Agency (OLHSA), I am required to
meet the following conditions:

PRE-VOLUNTEER CONDITIONS: If I am selected for a volunteer opportunity I understand that
I must do the following.

Initial Here \_\_\_\_\_ Bring the results of my tuberculosis (TB) test with me the day I begin to
volunteer. I understand that I may not begin this volunteer opportunity
without my TB test results.

Initial Here \_\_\_\_\_ Bring the results of my Department Human Services (D.H.S) Protective
Services (PS) Central Registry Clearance with me the day I begin to
volunteer. I understand that I may not begin this volunteer opportunity
without my D.H. S., P.S. clearance.

I further understand that I am required to have an updated TB tests every two (2) years. In
addition, I have been informed that all TB tests and clearances specified above are my sole
responsibility and are at my own expense.

Volunteer Signature

Date

OLHSA Representative

Date



STANDARD OPERATING PROCEDURE  
For  
COORDINATING VOLUNTEERS

### PROCEDURE

Individuals who volunteer on more than one occasion **must** complete the volunteer process. It is preferable that the process be completed prior to the volunteer beginning service. However it will be acceptable for volunteers to begin serving while they undergo the application process. Their continued service will be contingent upon the successful completion of the application process. Following is the procedure to be followed:

1. The supervisor will interview the candidate and have him/her fill out a Volunteer Application.
2. The supervisor will forward the application form to Human Resources with a brief memo stating the program in which the person will volunteer, the volunteer's duties, and the start and end dates of their volunteer service.
3. Human Resources will conduct the necessary investigation, and/or background checks.
4. Upon completion of the background verification, Human Resources will forward the results, as well as recommendations back to the supervisor who initiated the request.
  - a. Upon receipt of a favorable response, the supervisor will then confirm the candidate's volunteer commitment or continued commitment, which will be followed by an acceptance letter from the Chief Executive Officer.
  - b. If the response from Human Resources is negative, the supervisor will terminate the recruitment or service of the volunteer without making any formal commitments.

This procedure in no way alters the methods used in the recruitment and hiring of paid staff.

### RECORDING VOLUNTEER TIME

The staff member to whom a volunteer is assigned is responsible for reporting the volunteer's time to the supervisor. When more than one staff member is involved, the supervisor is to assign the responsibility for reporting volunteer hours to a staff member. If you are in doubt about who should report a volunteer's hours, ask your supervisor. The following information is required when recording volunteer time:

1. Signature of the volunteer.
2. The hours worked, start time, end time, and number of hours.
3. The Exact activity or service performed by the volunteer; be specific.
4. The volunteer's occupation or special training, if related to the kind of volunteer work he/she is doing for OLHSA. (To be used to determine the value placed on the volunteer's time).
5. The designated staff person should fill in the date and the program or centers involved, and ensure that all the required information has been recorded.

## DETERMINING RECORDABLE TIME

1. First, learn which persons and what services can be included in volunteer time.
2. Have copies of the volunteer time forms and know how to use them. The different ways to record volunteer time are:
  - a. Volunteer Service Record form: To be given to the volunteers to record their own time. This form should be returned to the volunteer's supervisor by or before the end of each month.
  - b. Any statement signed by the volunteer and volunteer's supervisor that gives all the information required, as outlined above.
3. Have the volunteer forms with you when a volunteer is present and have the form filled out when the time is donated.

All volunteer time forms are to be given to your supervisor. Supervisors and members of the central office staff are to give completed volunteer time forms to the Finance Division. The accountable person will place a value on the time reported, keep records and forward forms to the Finance Division where they become a part of local share records.

## VOLUNTEER RATES

All rates for volunteers should be consistent with those regular rates paid for similar work in the labor market within the Southeastern Michigan region.

Examples:

1. If a teacher is paid \$17.00 per hour and volunteers for teacher type work, then the time is computed at \$17.00 per hour.
2. If a doctor volunteers medical services to our program, and does make \$100.00 per hour, use the \$100.00 per hour rate.
3. If actual rates are not given on the volunteer's time form, then the Finance Division will value the time at a standard rate.

## VALUATION OF VOLUNTEERED PERSONAL SERVICES

Attached is the "Valuation of Volunteered Personal Services for Purposes of Computing the Non-Federal Share."

The hourly wage was determined by statistics provided by Bureau of Labor Statistics, Michigan Employment Security Commission, and various local sources.

The wages indicated are current, adjusted for inflation and represent, for the most part, average earnings of people in the metropolitan Detroit area, in the so noted job classifications.

Please release this information to your staff and use the wages in computing the Non-Federal share for volunteered services.

VALUATION OF VOLUNTEERED PERSONAL SERVICES  
FOR PURPOSES OF COMPUTING THE NON-FEDERAL SHARE

<u>POSITION</u>	<u>APPROXIMATE HOURLY WAGE - 2004</u>
Accounting and Auditor.....	\$27.35
Bookkeeper .....	15.22
Brick Mason, Stonemason, and Tile Setter .....	23.48
Bus Driver .....	14.27
Carpenter .....	21.41
Cement and Concrete Finisher .....	22.50
Cook .....	11.65
Dental Technician.....	15.93
Dentist.....	83.04
Dietitian and Nutritionist.....	21.82
Dressmaker/Seamstress .....	12.59
Electrician.....	28.33
Engineer .....	32.58
Excavating, Grading, & Road Machine Operator .....	22.76
File Clerk.....	10.85
Glazier .....	21.78
Lawyer.....	47.83
Librarian .....	24.90
Nurse (other) .....	19.73
Nurse (Registered).....	30.36
Painter.....	19.36
Physician .....	73.40
Plasterer .....	21.59
Plumber.....	23.76
Professor, Assistant.....	33.90
Professor, Associate .....	41.95
Professor, College.....	44.83
Psychologist .....	72.92
Recreation Worker.....	9.64
Secretary .....	14.00
Social Worker (MSW).....	20.93
Social Worker (other).....	20.64
Surveyor .....	22.32
Teacher (elementary) .....	26.55
Teacher (secondary) .....	27.27
Therapist .....	25.65
Truck Driver .....	18.32
Typist.....	13.55