

**BLUE WATER DEVELOPMENTAL HOUSING, INC.
POLICIES AND PROCEDURES: STAFF INFORMATION**

SUBMITTED BY:	DATE SUBMITTED: 12/95	SECTION: Personnel Policies
BOARD APPROVED ON: 12/15/95	DATE REVISED:	SUBJECT: Volunteer Policy
ANNUAL REVIEW ON:		PAGE NUMBER: 30.00

I. PURPOSE

In recognition of the need for and value of standard procedures and policies as a means of effectively maintaining our services to residents, the following practices have been adopted.

1. Procedure to become a Volunteer
 - a. Fill out application to volunteer for Blue Water Developmental Housing, Inc., as well as, volunteer agreement, and parental approval form (if under 18).
 - b. Hand out a copy of the volunteer policy and explain purpose of the home.
2. General Policy
 - a. All records or communications regarding the residents will remain confidential.
 - b. The use of physical abuse or restraint will result in dismissal of the volunteer.
 - c. If, at any time, resident strikes a volunteer he/she should report the incident immediately to the Supervisor, or his/her designated appointee.
 - d. All volunteers must take part in at least one staff meeting a month.
 - e. All volunteers helping are responsible to the staff person on duty, in the absence of the Supervisor.

**BLUE WATER DEVELOPMENTAL HOUSING, INC.
POLICIES AND PROCEDURES: STAFF INFORMATION**

SUBMITTED BY:	DATE SUBMITTED: 12/95	SECTION: Personnel Policies
BOARD APPROVED ON: 12/15/95	DATE REVISED:	SUBJECT: Volunteer Policy
ANNUAL REVIEW ON:		PAGE NUMBER: 30.01

3. Scheduling and task of Volunteer Workers

- a. The schedule is done by assigned staff person.
- b. The scheduling should be done a month in advance to enable all volunteers to schedule their time around their schedule.
- c. A list will be kept of those people wishing to volunteer when emergency needs arise.
- d. Duties include:
 1. Assisting in care i.e. self-care skills, recreation, transportation, etc.
 2. Assisting in meal preparation.
 3. Assisting in therapeutic plan after being given background by House Supervisor or senior staff member on behavior therapy and under supervision of senior staff.
 4. Assisting in home care.
 5. Volunteers are not to assist with speech sessions, physical therapy or quiet room policy, or major behavioral problems.
 6. A minimum of four (4) hours per week is required for volunteer work.
 7. Volunteers are welcome to in-services and staff meetings.
 8. A release of liability is to be signed before volunteer begins.
 9. **A FIA clearance must be completed before a volunteer begins.**

**BLUE WATER DEVELOPMENTAL HOUSING, INC.
POLICIES AND PROCEDURES: STAFF INFORMATION**

SUBMITTED BY:	DATE SUBMITTED: 12/95	SECTION: Personnel Policies
BOARD APPROVED ON: 12/15/95	DATE REVISED:	SUBJECT: Volunteer Policy
ANNUAL REVIEW ON:		PAGE NUMBER: 30.02

EXHIBITS

- A) Volunteer Agreement
- B) Application for Volunteer Service
- C) Release of Liability
- D) Volunteer Hours Log
- E) Evaluation of Volunteer
- F) Parental Approval (Student Volunteers)
- G) Evaluation of Agency
- H.) FIA Clearance**

BLUE WATER DEVELOPMENTAL HOUSING
VOLUNTEER AGREEMENT

Blue Water Developmental Housing, Inc. is an agency that services individuals with developmental disabilities who have the right to privacy and dignity.

The staff of this facility is here to assist the clients in every possible way; we are in hopes of our clients becoming more self-sufficient in personal, social and economic independence in order to prepare each client for his/her future.

Basically, our agency goal is to make a home for our client wherein they can live a fairly Normal life and have the hope of someday leaving to have a more independent lifestyle for themselves.

Like you and I, our clients need time for relaxation with family and friends and time to be alone. The staff and Board of Directors of BWDH invite you as a volunteer to join us to help make our facility a place to relax, socialize, learn, grow, and to make the clients' present and future more promising and rewarding.

The following are specific recommendations to be followed:

1. Check in with staff member for your assigned projects for the day.
2. During work time, No visitors are to be with you unless approval has been obtained for their stay. (Remember the facility is private and belongs to the clients.)
3. Phone calls, in or out, should only take place in cases of emergency.
4. When absence or tardiness occurs, please Notify staff immediately at the facility.
5. While working in the home, you are directly responsible to the staff member on duty. The staff member acts on behalf of the Supervisor in his/her absence.

I have read and understood the above Volunteer Agreement and will comply with the contents of same.

Volunteer Signature

Date

Executive Director or Designee

Date

Blue Water Developmental Housing, Inc.
RELEASE OF LIABILITY: VOLUNTEERS

In consideration of my desire to work as a volunteer without pay for Blue Water Developmental Housing, Inc., I hereby release Blue Water Developmental Housing, Inc. from any and all liability for any damages or injury which I may receive while working in the above mentioned facility, both as to any right of action that may accrue to myself or to my heirs, and personal representatives. I further stipulate and agree, while working in said facility to be bound by all orders, rules and regulations of Blue Water Developmental Housing, Inc.

Signature of Volunteer

Date

Witnessed by:

Dated: _____

Blue Water Developmental Housing, Inc.
APPLICATION FOR VOLUNTEER SERVICE

Date: _____

Mr.

Mrs.

Ms.

Birthdate: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

EXPERIENCE

Have you had any experience working with developmentally disabled? If so, please explain.

Do you have any special talents or training for this work?

Present Occupation: _____

If you are employed, where? _____

**Blue Water Developmental Housing, Inc.
EVALUATION OF VOLUNTEER**

This form is filled out by the volunteer's supervisor. It Notes information about the volunteer's activities and summarizes information that is helpful in evaluating both volunteer and the program.

Volunteer's Name: _____

Agency: _____

GENERAL APPRAISAL

1. Please list the assigned duties of the volunteer and supervise the following:

A. Activities for residents

- | | |
|---|--|
| <input type="checkbox"/> laundry | <input type="checkbox"/> community functions |
| <input type="checkbox"/> dishes | <input type="checkbox"/> arts and crafts |
| <input type="checkbox"/> cleaning floors | <input type="checkbox"/> story telling |
| <input type="checkbox"/> cleaning rooms | <input type="checkbox"/> outdoor sports & activities |
| <input type="checkbox"/> health & personal care | <input type="checkbox"/> bowling |
| <input type="checkbox"/> bathing | <input type="checkbox"/> movies |
| <input type="checkbox"/> shopping | |

B. Person abilities of Volunteer

- supervision of residents
- initiation of activities
- adherence to therapeutic plan

2. Was volunteer on time?

3. Did the volunteer abide by agency rules?

4. What age group did the volunteer work with?

5. If available, would you want the same volunteer again?

yes No

6. What was the volunteer's attitude his/her assignment:

7. Please evaluate overall performance (circle one):

10 9 8
Poor

7 6 5 4
Satisfactory

3 2 1
Excellent

Additional comments: _____

Date of Evaluation: _____

Your signature: _____ Date: _____

**BLUE WATER DEVELOPMENTAL HOUSING, INC.
PARENTAL APPROVAL FORM**

This form is to be used to obtain parental permission for student volunteer activity in Blue Water Developmental Housing, Inc. and its facilities.

1. Student Name: _____
(Last) (First) (Initial)

2. Address: _____

3. City: _____ State & Zip Code: _____

4. Nature of Duties: _____

5. Days Needed: _____

6. Hours Needed: _____

My son/daughter has my permission to participate in the volunteer program at: _____

Signature of parent/guardian

Date

**Blue Water Developmental Housing, Inc.
EVALUATION OF AGENCY**

This form is helpful in determining whether the volunteer experience is as rewarding as possible.

Agency: Blue Water Developmental Housing, Inc.

Was your supervisor:

Available

Helpful

Understanding

Circle one:

Yes

No

Yes

No

Yes

No

Was the agency orientation

Satisfactory

Sufficient

Yes

No

Yes

No

Was your job

Meaningful

Interesting

Important

Challenging

Yes

No

Yes

No

Yes

No

Yes

No

Did you have sufficient contacts?

Yes

No

Did you get to know co-workers?

Yes

No

Were they:

Helpful

Understanding

Yes

No

Yes

No

Would you like to see this position continued for volunteers?

Yes

No

Would you like to see this agency continue this program?

Yes

No

- **Please make any additional comments and suggestions below or, if needed, on the back of this page.**

Your Signature

Date