

Louisville Metro/Jefferson County, KY

RSVP

Draft

(**R**etired & **S**enior **V**olunteer **P**rogram)

RSVP Site Coordinator Handbook



701 W. Ormsby Avenue, Suite 201

Louisville, KY 40203

(502) 574-1530

www.louisvilleky.gov/CSR (Click Volunteer!)

Corporation for
**NATIONAL &
COMMUNITY
SERVICE** 



DEPARTMENT OF
**COMMUNITY
SERVICES**



Welcome to the **Louisville Metro RSVP!** (Retired & Senior Volunteer Program)

Why Register as a Partnering Site with RSVP?

Because Louisville Metro RSVP staff promise to work diligently to create and maintain a mutually beneficial partnership in service to your agency's volunteer needs and the RSVP member volunteers who will serve your clients. AND, RSVP has over 40 years of experience in doing just that!

Next, because there are NO FEES for volunteer referrals, RSVP program benefits and staff services! Instead, we *bring* additional things that you can value – all in exchange for the minimal staff time involved with documenting the RSVP members' and site's impact for the community good (as required by our federally-funded grant and local sponsor).

Here are the quick reasons to take advantage of RSVP.

- 1) RSVP enhances your PR and volunteer recruitment *exposure* with inclusions in our newsletters, brochure packets (sample enclosed), in presentations by staff and volunteers and more. Your agency is included on our web site and in our print catalog for convenient, one-stop "shopping" for potential volunteers.
- 2) We support our volunteer members with free supplemental accident, life and liability insurance .
- 3) RSVP increases your opportunity to *honor* the work of your community volunteers as we include them with invitations to our volunteer recognition and/or training activities.
- 4) RSVP provides additional training and social opportunities for your volunteers.
- 5) We are able to offer *additional* volunteer opportunities to current members who, although already volunteering, may be interested in exploring some additional placements.
- 6) The RSVP staff, as time and budget permits, will provide follow up and support to *your* volunteer program in areas of on-site recognition, mediation or volunteer dismissal.
- 7) Louisville Metro RSVP is part of the national network of over 500,000 volunteers and 775 projects. The Louisville RSVP has earned the position and is viewed by funding sources (governmental and private) as an example of success for senior volunteerism in our community AND our country. Your agency becomes part of our *national* picture for supporting volunteerism.

This handbook will be your on-site reference guide to the normal questions that arise. However, please don't hesitate to give us a call regarding the material in this booklet or if you just need a "partner's" friendly ear or assistance. We're here to help!

Best Wishes,

Marian Gosling, RSVP Director
(502) 574-7306

Tina Murphy, RSVP Volunteer Coordinator
(502) 574-7305

Louisville Metro RSVP Individual Membership Guidelines



- Adults age 55 and over are eligible to become RSVP members. Interested adults can procure an application by stopping by or phoning the RSVP office or by going online to our website www.louisvilleky.gov/csr
- Louisville Metro RSVP members are required to offer a **minimum of 4 hours service** within each six month calendar period to maintain “Active” status membership.
- Louisville Metro RSVP **does not** provide criminal background checks beyond a recruit’s self-declaration question on the volunteer application. Applicants answering with an affirmative to prior criminal conviction are made aware that this information may be forwarded to the partner agency where the volunteer is offering services. Partnering agencies are responsible for performing all criminal background checks as required by law and according to their internal risk management policies. RSVP Volunteers **should not** be *required* to pay for qualifying background checks as our federal grant policy prohibits mandatory charges for them to volunteer.
- RSVP does not discriminate on the basis of race, creed, gender orientation, economic status, educational attainment, place of origin or ethnic heritage, limited English proficiency and is compliant with the American Disabilities Act in that at least a portion of RSVP service sites are accessible to potential volunteers that may need reasonable accommodation to give service.
- Louisville Metro RSVP applicants are required to attend a program orientation/interview, complete an application form and make a commitment to at least one partnering agency volunteer position. New recruits are encouraged to provide a reasonable amount of time before asking for re-assignment another agency. New recruits are also encouraged to consider making *two* commitments on an annual basis – one that provides measureable community impact and another one for measurable personal enrichment.
- ALL volunteer personal information is kept in secure location and on protected technology. Only program staff has immediate access to volunteer records in order to maintain program integrity and personal confidentiality. RSVP member listing is not available for solicitations from outside vendors. Group contact with RSVP members is carefully screened for relevance and impact on program excellence.

“Emeritus” Membership

Louisville Metro RSVP members who had successfully served *a minimum of 20 years* within the program and subsequently withdraw to “inactive” status or “retirement” may (if desired):

- Continue to receive periodic invitations to social events and program newsletters (Attendance costs are on their own responsibility.)
- Receive an invitation to “reinstate” if an opportunity arises *directly* relevant to their volunteer profile, previous interests or skills.

If/when the RSVP office receives a returned or non-forwarding mailing or notice of phone disconnection; the volunteer will be dropped from future invitations.

What kinds of documentation define and maintain our partnership?

In the beginning, you will have an interview with the current RSVP Program Coordinator/Director who will answer your questions and explain the required partnership documents:

Memorandum of Understanding (MOU) – This is the most important document. It defines the partnership between your agency and RSVP. It defines the resources we bring to assist and support each other, the community and the RSVP member volunteers. It also defines the types of services stations and RSVP volunteers **cannot** engage in by law governing our federal grant. (See Pgs. 3 & 4)

The new MOU sets the coverage dates of the partnership described - valid for a period of three calendar years.

The following are to be forwarded with the initial MOU for an agency.

- Station's certification as a not-for-profit or proprietary health care organization (If not available from www.ky.gov)
- An initial ADA / Accessibility survey (see Appendix #1)
- Current Certificate of Insurance (see Appendix #2)
- Completed RSVP Volunteer Position Descriptions – (see Appendix #4) Send as many as desired for *consideration* for RSVP recruitment assistance (certain restrictions apply as stated in MOU)

Your site representative and the RSVP Director *may* be able to complete the above process in the initial interview. Thereafter, the following documentation will be needed.

Renewal MOU's will be sent to the station 30 days in advance for review, negotiation of support and agency authorization signatures. Quick response is requested to this renewal packet as there is a "ladder" of Louisville Metro government that must also sign before the prior MOU expires.

Time between active MOUs put RSVP volunteers, your agency and Louisville Metro at risk as the CIMA insurance is not liable for any incidents during non-covered periods. The hours volunteers work under these conditions will not be counted by the RSVP office.

A current MOU can be voided with a 30-day written notice by either partner.

RSVP Volunteers' Time Sheets

WHY? As legislators decide the allocations for this federally funded program, we must account for an accurate number of active volunteers, the number and types of partnering sites, the impact and the days on which volunteers donated hours.

Monthly time sheets from our partnering sites also maintain our ability to provide or offer the following free benefits to verified active member volunteers:

- Supplemental accident, life and liability insurance (refer to the CIMA brochure for specifics)
- Inclusion in RSVP social and training invitations
- Inclusion in RSVP recognition efforts for outstanding achievement and/or milestones of longevity in service
- Invitation to receive reimbursement for transportation costs directly to and from site (as specific guidelines and budget allows)
- Invitation to receive limited meal reimbursement while working any extended shift over a policy-mandated or generally-accepted meal period (as specific guidelines and budget allows)
- Other opportunities as available



WHAT types of time sheets?

RSVP volunteer time sheets should be in simple formats to enable the volunteer and/or site to capture their service contributions in a timely manner. In most cases, you will be provided with a congregate time sheet that lists the RSVP volunteers assigned to your site, a table of dates and total column (Appendix 5). RSVP members *should be encouraged whenever possible* to review and sign this sheet to verify their month's service records indicated on it. Newly enrolled RSVP members at your site may need to have their names written in for the first month following their RSVP application's approval. **The signature of the site supervisor is required at the bottom.**

If you use a software system that will provide a printout of detail times worked, has space for both volunteer and site manager verifying signatures and would like to substitute your form for the congregate RSVP sheet, please send a sample for review by RSVP Director.

Volunteer time sheets can be forwarded to the RSVP office via: US Postal Service, email, by scanning or fax. However if you do not forward the *originals* to the RSVP office, RSVP requires that your agency keep the originals for a minimum of 7 years to maintain the federal audit trail.

Volunteers who receive travel expense reimbursements will also present to you a verification form for your signature on a monthly basis. The three types of reimbursement request sheets are: Bus/Van, Mileage-Single Site, or Mileage-Multiple Location (an Excel form). (*See guidelines in "RSVP Member Benefits"*)

Completed and approved volunteer time and reimbursement sheets are required by the RSVP office by the 7th of the month following the volunteer(s) service.

Volunteer Member Injuries/Accidents While Serving



The report of an RSVP volunteer suffering an injury or accident while traveling directly to or from the site on a working day **must** be reported to the RSVP office in addition to the on-site agency. RSVP should be notified **with 2 working days maximum** to enable the *lengthy* process of reconciliation for any needed coverage payments to be begun. Why? Injured volunteers are required to provide medical providers(s)' statements, health insurance and proof of Medicare and other payments before the RSVP/CIMA insurance will pick up outstanding balances of covered expenses. This gathering of documents may take over six months. YOUR quick, initial response will help us act in a responsible manner for our members. Thank you.

Semi-annual volunteer service impact surveys

The Corporation for National and Community Service (CNCS) requires local RSVPs to submit semi-annual reports on how RSVP members have performed against expected results for your agency. Louisville Metro RSVP issues simple, semi-annual surveys for our partnering agencies to complete to acquire this information.

TIP: Maintaining your own personal RSVP DATA file in which to deposit and hold the appropriate stats may minimize the amount of time you need later to complete the survey. This survey may also help you justify to your management the cost-effectiveness of having your wonderful volunteer program!

For example: For a thrift store...

- Approximately many customers were served? # _____
- How did the money raised benefit the community? Whose lives were changed or uplifted?

These surveys are due (approximately) by **August 15th and April 15th** of each partnership year.

Annual Certification of Volunteer Safety Training (Appendix #3):

This report is due (approximately) each **March 15th**

Quarterly in-kind surveys

Federal grants from CNCS also require a percentage of sponsor and local community match donations. Those donations may be in the form of direct cash, operational services or space, or in-kind products/services that an agency provides for the support of the RSVP volunteers working there. To capture this, RSVP issues quarterly surveys to those partners who wish to participate. The RSVP survey example is Appendix 6.

For your easy completion, it is suggested that you also keep a physical file marked "RSVP In-kind." It would store your copies of any of the following:

- Catering receipts for volunteer recognition event showing per person meal cost
- Copies of receipts for any gifts purchased and shared with RSVP volunteers
- Copy of site letter or policy showing the value of volunteer's benefits for on-site meals or parking
- Volunteer signed sheets in receipt for meal tickets/vouchers or parking passes
- Annual internal value of a dedicated space for volunteers to work in or as a "home base" (including utilities) taken from budget line items

These surveys are due to the RSVP office by: (RSVP is on a April 1st - March 31st fiscal cycle)

1st fiscal quarter information – July 10th

2nd fiscal quarter information – October 10th

3rd fiscal quarter information - January 10th

4th fiscal quarter information – April 10th.

Annual Evaluations Surveys:

The Louisville Metro RSVP is dedicated to providing quality customer service to our partnering sites and quality volunteer recruits for service. Annual surveys help us gauge the success of our endeavors. These tools are also helpful components of a volunteer program that addresses the concerns of ALL stakeholders – agency, supporters, volunteers and clients.

- 1) *Annual Site Manager Survey:* This document asks your site volunteer coordinator and/or the designated agency representative that is most closely working with RSVP to give feedback on:
 - The partnership between the agency and RSVP
 - The efficiency and value of the RSVP volunteers assigned
 - Provides a way to explore and promote new options, volunteer opportunities and collaborations on behalf of the RSVP volunteers and your clients
 - To help suggest volunteer training needed through RSVP
- 2) *RSVP Annual Volunteer Opinion Surveys*
 - Attendees at RSVP recognition events, in-service or training sessions are asked to evaluate the success of the event.
 - RSVP members are provided an annual survey that asks about their volunteer work experience, the responsiveness of RSVP staff to their calls/inquiries, the direction of the program overall, to offer suggestions for improvement and more.



Both of the above survey results are referenced in the annual wrap-up report to RSVP's federal funder and local sponsor as evidence of program responsiveness to our "customers and stakeholders."

Open and honest communications is often mentioned as an "unattainable" organizational goal or area of constant disappointment. We disagree. We pledge to do our very best to keep the lines open, listen well and whenever possible, provide fast positive responses and possible solutions to realistic requests.

RSVP Member Benefits



FREE Supplemental Insurance Coverage

RSVP/CIMA insurance is **subsequent** to the volunteer's other personal insurance including Medicare, Medicaid and/or private insurance. Active RSVP members are covered by RSVP/CIMA insurance while traveling directly to and from their volunteer service site and while they are performing their assigned duties on-site. Time sheets are the basis of this coverage accuracy in case of accident/injury. Site managers are required to file reports of accidents immediately with the on-site agency and to the RSVP office **no later** than within **2** business days.

Payments by RSVP/CIMA insurance for covered expenses will vary according to the type and extent the volunteer has pre-existing coverage and maximum limitations. See CIMA Explanation of Benefits folder – Appendixes 7 & 8.

Volunteer Recognition:

Louisville Metro RSVP understands that appreciation for volunteers may take many forms of "recognition." Traditionally, RSVP has specifically honored members reaching milestones of service in increments of 5 years. Other events, public notices and/or activities in recognition of RSVP members' outstanding service are offered as budget and time allows.

RSVP also participates in local, state and national nomination programs for volunteer achievements – creating or supporting nominations submitted with our partner agencies.

RSVP staff also try to be available as an "extra hand" to assist *your* agency with any on-site volunteer recognition efforts.

Travel Reimbursement

RSVP member volunteers may request assistance for travel and/or meal expenses **as long as there is money available in the annual budget**. The qualifications to receive this benefit are as follows:

- The RSVP member must donate a minimum of 3 hours of service each day of reimbursement request
- The mileage request may be verified using MapQuest
- The maximum per mile reimbursement will be set by Louisville Metro government personnel policies but the daily maximum shall not exceed \$3.50.
- The reimbursement for TARC, TARC3 or other common carrier shall not exceed \$3.50 per day.
- Duplication of requests for the same day will not enlarge the daily maximum even if volunteer is serving at more than one site per day. Household members may not duplicate requests for same day driving to same site.

- Volunteers who pick-up and transport other RSVP members may request mileage based on the additional travel necessary to the daily maximum of \$3.50 with prior arrangements with RSVP office.

The reimbursement request sheet is specifically matched to each RSVP volunteer's mode of transportation (per enrollment application) and service (single site or multiple locations per month). The volunteer will ask you for your signature (as required by the RSVP office) and may ask you to forward the request for payment with your site's monthly time sheet. Please assist your RSVP members with their efforts to return their requests on time. This benefit may be the RSVP member's enabling difference between a lifestyle with healthy community service/socialization vs. depressive inactivity/isolation.

Volunteer Training:

1) **In-Service Gatherings:** In 2009, RSVP began and has continued offering an annual training opportunity for volunteers meetings. The gatherings offer tips and reminders on RSVP membership. The meetings will also include information or themes relevant to enhanced senior living, volunteer performance and/or community agencies or events. Refreshments are also provided.

All RSVP active members are encouraged to attend the learning sessions and to bring new prospects for RSVP recruitment.

2) The Louisville Metro RSVP participates in the statewide Kentucky Association for Senior Service Corps (KSSC). This organization periodically holds a statewide volunteer conference inviting all members of Kentucky-based RSVPs, Foster Grandparent Programs (FGP) and Senior Companion Programs (SCP). These "sister" programs are all primarily funded by the Corporation for National and Community Service (CNCS).

The members are encouraged to attend the 2 ½-day event. It is filled with learning sessions, networking opportunities between peer volunteers on a statewide venue, social and tourism opportunities within the host locale. RSVP members are responsible for the costs related to this opportunity although, when available, subsidies and/or sponsorships are offered on a limited basis.

3) RSVP may monitor on-site agency orientations/training for volunteer members to better understand your volunteer position needs, promote high quality performance of duties and/or opportunities for volunteer advancement.

Volunteer Career Pathing

Many RSVP volunteers are quite content with a single-focus role with consistent duties for years on end. Others may transition from one agency to another. Some volunteers are very interested in developing their volunteer careers from basic to leadership roles.

1) RSVP, internally, offers general members who have been "serving in the field" for at least a consistent period of one year the option to apply to *leadership* service on the Advisory Council. Volunteers who agree to serve on the Louisville Metro Senior Volunteer Services Advisory Council are expected to provide additional resources of time, talent and involvement toward the sustainability and operational excellence of the program. The Council is *required* to meet quarterly but has for many years voted to meet nearly each month. Council members are expected to serve on one or more of the following Advisory Council Committees: PR & Recruitment, Fund-raising & Community Support, Recognition and Evaluation. These Committees will meet in between full Council gatherings according

to the tasks and events under their performance goals. Staff liaisons will assist with Committees as an additional coordination resource or as needed. The duties and overall goals of each Committee are defined in the Council's by-laws.

2) Some RSVP members *may* be interested in the next step of leadership for *your* agency – possibly Board membership. We recognize that this step will have its own set of criteria and can require advanced training or other commitments of the volunteer's personal resources. If you desire, RSVP may assist in the recruitment and screening of potential Board members to be submitted for your consideration. However, there is **no** implied or real obligation to accede to any RSVP volunteer's request, recommendation or nomination.

3) Other volunteers may be interested in the role of "Project Manager" for a special event, specific area of client services or as a consultant for agency operations. RSVP, again, tries to collect this preference in the recruitment profile and, with permission, forward such volunteers to your agency for a *no-obligation* consideration or further screening.

In general, RSVP strives to provide senior volunteers with a well-rounded volunteer experience of responsibility, successful service and personal satisfaction.

Retirements and Reassignments Due to Disabilities

RSVP members who exhibit diminished capabilities that affect the position to which they are assigned are to be given respectful, caring counseling to encourage a transition to a more successful usage of their current abilities or eventual "retirement." Notations are made to their files on symptoms noticed by supervisors that may have contributed to this necessity. RSVP requests emergency contact information on each volunteer in the unfortunate event of a medical necessity.

RSVP MEMBER DISCIPLINE AND DISMISSAL

Louisville Metro RSVP members are also regulated by the overall Louisville Metro Government Volunteer Policies. This detailed document may be reviewed at www.Louisvilleky.gov.

Incidents involving an RSVP member who disrupts on-site operations, disobeys agency policies or willingly acts in a manner detrimental to the placement agency, its staff, clients or property or to the detriment of RSVP, Louisville Metro Community Services and/or the Corporation for National & Community Service shall be reported to the RSVP office by phone and fax at the earliest opportunity.

An RSVP incident form (Appendix 9) will be required for the volunteer's RSVP personnel file with any remedial steps or follow-up actions noted. If dismissal is required, the RSVP assigned Coordinator for the site should be notified immediately. Confidentiality, barring legal requirements, will be protected.

For all other questions regarding RSVP operations, benefits or possibilities for our successful collaboration, call the RSVP office at 574-1530.

The **Louisville Metro RSVP** is funded by the
Corporation for National & Community Service (CNCS)
 sponsored by
Louisville Metro Community Services
Outreach & Advocacy – Office for Aging & Disabled Citizens



Accessibility Survey for RSVP Volunteer Stations

The Louisville Metro RSVP strives to include all members in volunteer service. Please answer the following questions to help us accommodate volunteer placement needs and requests appropriately **within our network** of over 60 locations. *The federal funder of RSVP requires an ADA document in each agency's MOU file.*

Organization Name:

Volunteer Participation:

1. Does your organization and volunteer program have and train on policies that ensure a "reasonable accommodation" is made to all individuals, including volunteers with disabilities?

_____ YES _____ NO

2. Please "X" all other accommodations that apply to your building for persons with disabilities.

_____ At least one wheelchair accessible route that connects the entire facility - including the parking lot

_____ Adequate number of parking spaces reserved for persons w/disabilities by minimum ratio of law

_____ A drop-off zone near the building entrance

_____ A disability-accessible entrance with button-open door

_____ Braille signage on _____

_____ Restroom(s) with accessibility features

_____ If multi-level, a wide elevator is available

_____ A TDD communication system is available

_____ Handrails on all stairways

_____ Meeting spaces/conference areas accessible for individuals with disabilities

Agreement on Accessibility

Station/agency will maintain the programs and activities, to which RSVP members are assigned, accessible to persons with disabilities (including mobility, hearing, vision, mental, and cognitive impairments or addictions and diseases) and/or limited English language proficiency, and provide reasonable accommodations to allow persons with disabilities to participate in programs and activities.

Signature of Organization/Station Representative completing evaluation

Date

Title

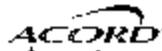
PH: (_____) _____

RSVP Program Director

Date

THANK YOU!

Appendix 2

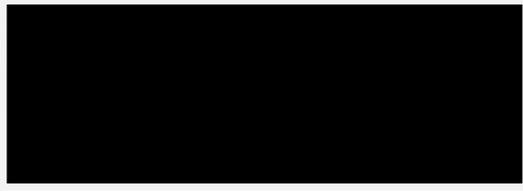


CERTIFICATE OF LIABILITY INSURANCE

COMM-1 OP ID: BF
 DATE (MM/DD/YYYY)
 12/17/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AFFIRM, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.



CONTACT NAME: _____
 PHONE: _____ FAX: _____
 (HOME, OFFICE, CELL) (HOME)
 ADDRESS: _____
 INSURER(S) AFFILIATED CONTRACT: _____
 INSURER A: State Auto Insurance Cos
 INSURER B: Ohio Casualty Group
 INSURER C: KCSA Self-Insurance Fund
 INSURER D: _____
 INSURER E: _____
 INSURER F: _____

COVERAGES CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

THIS IS A SUMMARY OF THE POLICIES OF INSURANCE LISTED BELOW WHICH HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH REFERENCE TO ANY OF THE POLICIES, THIS CERTIFICATE MAY BE ISSUED IN ANY MANNER, THE INSURANCE COVERAGE PROVIDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. CERTAIN POLICIES MAY HAVE BEEN PROVIDED BY POLY-SLAVE.

| LINE | TYPE | TYPE OF INSURANCE | DATE | INSURER | POLICY NO. | REVISED DATE | LIMIT |
|------|------|---|------------|------------|------------|--------------|---|
| A | X | GENERAL LIABILITY COMMERCE GENERAL LIABILITY PLUMBING X OCCUR | 09/30/2013 | [REDACTED] | 09/30/2013 | 09/30/2014 | EACH OCCURRENCE TAKES TO HOLD IT POLICIES \$2,000,000 5,000 |
| B | X | Pastoral Protection GENERAL AGENTS | 12/21/2013 | [REDACTED] | 12/21/2013 | 12/21/2014 | GENERAL AGENTS \$ 2,000,000 PROFESSOR - COMMERCIAL |
| | | UMBRELLA LIAB EXCESS LIAB | | | | | EACH OCCURRENCE \$2,000,000 |
| C | | WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY OCCASION (EMPLOYERS) EMPLOYERS (EMPLOYERS) (EMPLOYERS) EMPLOYERS (EMPLOYERS) EMPLOYERS (EMPLOYERS) | 12/21/2013 | [REDACTED] | 12/21/2013 | 12/21/2014 | X WORKERS COMP EMPLOYERS EACH OCCURRENCE EACH OCCURRENCE EACH OCCURRENCE EACH OCCURRENCE |
| E | | Church Bldg. | 12/21/2013 | [REDACTED] | 12/21/2013 | 12/21/2014 | Church \$ 1,614,247 |
| A | | Apartments Bldg | 09/30/2013 | [REDACTED] | 09/30/2013 | 09/30/2014 | A Apartment \$ 2,173,108 |

DESCRIPTION OF OPERATIONS - COACHES / VEHICLES (Listed ACORD ID: 000001) (Listed ACORD ID: 000001) (Listed ACORD ID: 000001)

CERTIFICATE HOLDER
 LOUMFC
 Louisville Metro Community
 Services & Revitalization
 Office: Aging/Disabled Citizens
 810 Barret Avenue
 Louisville, KY 40204

CANCELLATION
 IF YOU WANT ANY OF THE ABOVE DESCRIBED POLICIES TO BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
 AUTHORIZED REPRESENTATIVE



Annual Safety Survey for RSVP Volunteer Stations

The federal funder of the Louisville Metro RSVP now requires that all volunteer stations annually confirm the planned safety of their volunteers.

Please answer the following questions to the best of your ability and return this form to the RSVP office by **March 1, 2014**. Thank you very much!

Organization/Station Name: _____

Period covering: _____

If covering more than one Site – list locations included in your safety policy/program:

All **new** RSVP volunteers are given training on the agency's safety protocols. YES NO

The agency currently provides volunteer reminder training about safety protocols at least once a year. How: Updated Print Materials Individual Volunteer Mtg. Group Mtg(s)
Date(s) : _____

RSVP volunteers are reminded to report and/or document any accidents to a staff member. YES NO

RSVP Volunteers are given the necessary materials and knowledge to perform their tasks safely. YES NO

Site has visible/ADA emergency exit sign(s), warning(s) system and direction(s) posted for RSVP volunteers. YES NO: expected installation date(s) _____

RSVP Volunteers are provided with IDs, specific clothing or other safety equipment to wear while on duty. NO YES Specify: _____

First aid kits are available and locations are clearly identified. YES NO

Fire alarms are tested and extinguishers are inspected per codes. YES NO

Volunteer work areas are kept free of obvious hazards. YES NO

Signature of RSVP Station Representative

Date

Title

RSVP Program Director

Date

Date Rec'd @ RSVP Ofc. _____ CNCS Priority Area _____

Louisville Metro Division of Policy, Outreach & Advocacy; Department of Community Services,
Office for Aging & Disabled Citizens

Louisville Metro RSVP

(Retired & Senior Volunteer Program)

Volunteer Position Promotion / Placement Form

(One service position description per form, please. Make as many copies of blank form as needed.)

Agency/Site: _____ **Email** _____

Address: _____ **ZIP :** _____

Contact Person: _____ **Title:** _____

Phone:(502) _____ **FAX:** _____ **E-Mail:** _____

Volunteer Position Title: _____

Acceptance of this request for RSVP promotion does not guarantee volunteer placement.

Starting date: _____ **Ending date:** _____ **Ongoing** _____ **Special Event:** _____

On-call/emergency _____ **Seasonal:** Winter _____ Spring _____ Summer _____ Fall _____

Number of hours desired for position: _____ per week _____ per month _____ per day

Days of Week: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Times of day: _____ AM to _____ AM _____ AM to _____ PM _____ PM to _____ PM

Position duties:

- _____
- _____
- _____

Specific skills/abilities needed to successfully perform duties:

- _____
- _____
- _____

Training provided by your agency and required for position:

- _____
- _____

Background checks your agency's responsibility. However, does this position require check? __Y __N

Number of additional volunteers needed for this position: _____ **# Currently assigned:** _____*

I accept this volunteer position without expectation of compensation, subsequent to training and on a provisional basis: _____

Signature

Position Start Date

***Please make sure every RSVP volunteer serving in this position, has signed and returned a copy to:**

RSVP Director 701 W. Ormsby Avenue, Suite 201 Louisville, KY 40203 FAX#: 574-5548 **Thank you**

Louisville Metro Department of Community Services
 Office for Aging & Disabled Citizens
Retired & Senior Volunteer Program

In-Kind Contribution Report

For the quarterly period of: _____

Donor Agency's Name: _____

Donor Agency's Address: _____

Description of Donation: (Please fill in all those that apply this period.)

Meals: The volunteer station provided a free or partially free meal for RSVP volunteers valued at \$ _____ per meal. _____ X \$ _____ per meal = \$ _____
 (per MOU agreement) # of meals (per sign-ins)

Recognition: # _____ gifts valued in the amount of \$ _____ ea. = \$ _____
 (Please attach extra detail sheet if more than one type gift or cost applies.)

_____ Celebration meals valued at \$ _____ pp. = \$ _____

Recognition expense Grand Total per RSVP volunteer: \$ _____ x # _____ = \$ _____

Other: (Per retail market value)

Volunteer Work Space: _____ sq. ft. x \$ _____ per sq. ft. x _____ months = \$ _____

Utilities: \$ _____ per calendar quarter **Other Grand Total:** \$ _____

Please attach supporting documentation- copies of receipts, invoices or letter of station policy, determining actual cost or fair market value of the donation(s) or amount(s) listed as in-kind.

| | |
|---------------------------|-----------------|
| MEALS | \$ _____ |
| RECOGNITION | \$ _____ |
| OTHER | \$ _____ |
| TOTAL CONTRIBUTION | \$ _____ |

I attest that these "matching funds are not derived from any federal source unless authorized by law."

Signature of Authorized Station/Agency Person: _____ Date: _____

Signature of Authorized RSVP Person: _____

Date Processed at RSVP: _____ By: _____

THANK YOU VERY MUCH!



Coverage for good.[™]

VOLUNTEERS INSURANCE SERVICE (VIS)[®] INSURANCE PROGRAM

It doesn't happen often, but when it does, the results can be serious...a volunteer is injured, or injures someone else, while performing his or her volunteer duties. One of the benefits of volunteering for this organization is that you are provided insurance protection in case these things happen to you. There are three kinds of coverage; check with your volunteer coordinator to see which coverages your organization has chosen to provide to you

SUMMARY OF COVERAGES

I. Excess Accident Medical Coverage

This coverage is in excess of any other health insurance that you have in place. The excess accident medical coverage will pay up to \$50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident.**

Dental care is covered up to \$500 per tooth for accidental injury to teeth and repair of dentures. Maximum benefit is \$900 per accident.

This coverage also provides up to \$50 for repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident.

The maximum payment under this coverage, including dental and eyeglass expenses, is \$50,000

This insurance does not duplicate benefits payable under any other valid and collectible insurance coverage.

Accidental Death and Dismemberment Coverage - In addition to the accident medical coverage, the plan will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident. See coverage details at www.cimaworld.com.

Exclusions to Accident Insurance - A complete listing of the exclusions is detailed in the insurance policy. Please go to www.cimaworld.com for details

II. Excess Volunteer Liability Insurance

All registered volunteers (collectively) of an organization are provided with excess volunteer liability insurance at a limit of \$1,000,000 per occurrence (subject to an annual aggregate for each named organization.) This policy provides protection if you are liable for bodily injury or property damage arising out of the performance of your duties. **This coverage is in excess of and noncontributing with any other valid and collectible insurance you may have.**

Exclusions to Volunteer Liability Insurance - A complete listing of the exclusions is included in the insurance policy details, which are available at www.cimaworld.com

III. Excess Automobile Liability Insurance

This coverage provides an extra layer of protection for you as a registered volunteer driver while performing your duties. This insurance applies only after your own insurance is exhausted, or the policy's retention has been exceeded. You are protected for bodily injury or property damage claims arising out of your activities (including driving directly between your home and your workstation).

The liability policy is written at a combined single limit (including both bodily injury and property damage) of \$500,000 each accident. This insurance is in excess of the lesser of:

- A. \$50,000 each accident
- B. an amount equal to the applicable limits of liability of any other collectible insurance; or
- C. an amount equal to the minimum limit of liability required under the motor vehicle financial responsibilities laws of the state in which the accident occurs.

It is important to remember that you must maintain your own auto liability coverage at least equal to the state-required minimums. Also, please remember that this coverage does not apply to any damage to your vehicle.

Exclusions to Excess Automobile Liability Insurance - A complete listing of the exclusions is in the policy details at www.cimaworld.com.

IV. Commonly asked questions

- ***My car was damaged in an accident while I was volunteering; will you cover my deductible for the repairs?***
No. The coverage is for liability claims only. There is no coverage for damage to your car.
- ***I have medical bills related to an accident while I was volunteering. Who do I send the bills to?***
The accident medical plan pays in excess of any other health insurance coverage you have. Send all of the bills to your current health insurance company. If not everything is paid, follow the instructions below for filing a claim.
- ***I see that the policy provides excess protection if I cause bodily injury or property damage. What if there is an allegation of sexual misconduct or sexual abuse?***
The policy does not provide protection in the event of a criminal proceeding, but it may provide protection in the event of a civil proceeding. You would be entitled to a defense against an allegation of sexual abuse or sexual misconduct under the volunteer liability contract. **However, the policy would not defend or indemnify you if you admitted wrongdoing, or if the allegations against you proved true.**
- ***How do I file a claim?***
For any type of claim, you first need to see your volunteer coordinator. If you have an accident claim, you will need a "proof of loss" form (available at our Web site www.cimaworld.com) Both you and the coordinator must complete the form and send it to CIMA. Keep a copy for your records. Submit your bills to Medicare or any other existing insurance first. Once you have their "explanation of benefits" form(s), send those to CIMA at the address shown on this brochure, along with a copy of your "proof of loss" form. For a claim against you alleging that you caused bodily injury or property damage while volunteering, contact your volunteer coordinator immediately. Provide as much detail as possible about the incident, and obtain any police reports. Your coordinator will then pass this information to CIMA, along with a statement that you were volunteering at the time of the incident.

Further Questions?

Visit our Web site, www.cimaworld.com. We have copies of the policies along with additional information concerning the extent and the limitations of these policies.

This brochure is for general description purposes only. It does not amend, modify or supplement any insurance policy. Consult the actual policy for details regarding terms, conditions, coverage, exclusions, products, services and programs which may be available to you.

About Volunteers Insurance Service:

This insurance program is provided by Volunteers Insurance Service Association, Inc. (VIS), a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) VIS's Articles of Incorporation, Financial Information, and a list of the members of VIS's Board of Directors are available to VIS Members upon request.

Plan administered by:

THE CIMA COMPANIES, INC.

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Louisville Metro RSVP Volunteer Incident Report Form

Incident Date: _____

Site: _____

RSVP Member(s) Involved: _____

Others Involved? _____

Describe incident or position/guideline infraction: _____

Was the volunteer's position in the agency compromised by improper behavior? No
 Yes

Was anyone injured? No Yes: Describe injury and subsequent actions taken to assist/
get help: _____

Was any property damaged? No Yes: Describe and estimate cost of repair or
replacement: _____

Were police called? No Yes Was an arrest made? No Yes

Is counseling for behavior modification and retention in this position an option now? Yes
 No

Other Comments: _____

Reporting Site

Coord./Representative: _____ **Date:** _____

Reviewed by RSVP Director: _____ **Date:** _____

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RSVP action(s): \_\_\_\_\_

\_\_\_\_\_

Appealed by volunteer:  No  Yes File Date: \_\_\_\_\_ Hearing date: \_\_\_\_\_

RSVP / Louisville Metro Community Services

Final Action: \_\_\_\_\_