Appendix B.1 – Sample Memorandum of Understanding

Memorandum of Understanding

ABC County RSVP

This Memorandum of Understanding (this “MOU”) contains basic provisions, which will guide the working relationship between both parties. It is entered into by and between ABC County RSVP, sponsored by ABC SPONSOR AGENCY and the following agency and/or entity (the “Station”):

Station Name: __________________________
EIN: __________________________

Station Site Address: __________________________
City: __________________________ State: ______ Zip: ______

(Station Mailing Address): __________________________
City: __________________________ State: ______ Zip: ______

The ABC County and the Station may be referred to herein as the “Parties.”

This MOU is effective from ________________ through ________________. This MOU may be amended in writing at any time with the concurrence of both parties and must be renegotiated at least every three (3) years.

Basic Provisions

The ABC County’s Responsibilities

1. Recruit, enroll, and interview RSVP volunteers.
2. Refer RSVP volunteers to the Station
3. Review acceptability of volunteer assignments.
4. Instruct RSVP volunteers in proper use of volunteer timesheets, reimbursement guidance, and the RSVP procedures.
5. Provide the RSVP orientation to the Station staff prior to placement of volunteers and at other times as needed.
6. Initiate publicity regarding RSVP.
7. Furnish accident, personal liability, and excess automobile insurance coverage for enrolled volunteers required by the RSVP policies. The insurance provided by the sponsor is secondary coverage and is not primary insurance.
8. Periodically monitor volunteer activities at the Station to assess and/or discuss needs of volunteers and the Station.
9. Staff an Advisory Council to RSVP. Along with the advisory council, arrange for appeals procedure to address problems arising between the volunteer, the Station and/or RSVP.
10. Arrange for appropriate RSVP recognition.
11. Coordinate with other volunteer and aging programs in the area to foster effective communication and avoid duplication.
12. Reimburse RSVP volunteers for transportation costs between their home and volunteer station in accordance with

Version 2017.2

This document is provided as a sample ONLY. Its use is optional and, if used, it should be customized as appropriate.
RSVP policies and availability of funds (if applicable).

13. Arrange with the Station for meals and/or snacks, whenever possible, for volunteers on assignment.
14. Provide photo identification for volunteers if not provided by the station.

The Station’s Responsibilities

1. Interview and make final decisions on assignments of RSVP volunteers.
2. Perform, if required for a particular assignment, background or other screenings.
3. Implement orientation, in-service instruction, and/or special training of volunteers.
4. Furnish volunteers with materials required for assignment. These materials may include station uniform and photo I.D.
5. Provide supervision of volunteers on assignments. (Supervisor name and contact information on next page.)
6. Provide volunteer assignment descriptions for each volunteer opportunity at the Station.
7. Provide for adequate safety of volunteers and submit an annual assurance upon request to ABC County RSVP.
8. Investigate and report any accidents and injuries involving RSVP volunteers immediately to ABC County. All reports shall be submitted in writing.
9. Specify, either by written information or verbally, that RSVP volunteers are participants in the Station’s programming in publicity featuring such volunteers. Display an RSVP placard where it may be viewed by the public.
10. Reports: The Station Representative shall:
   • **Timesheets:** Report volunteer hours on a monthly basis on or before 10th of the following month (Insurance coverage is only effective with verified records of hours served.)
   • **Progress Reports:** Stations are requested to complete a short bi-annual survey provided by RSVP documenting the impacts of services provided by volunteers.
   • **In-Kind Documentation:** Provide documentation of in-kind contribution(s) (meals, uniforms, mileage reimbursement, training expenses) and verification to help RSVP meet its local match of 30%.

Other Provisions

1. **Separation from Volunteer Service:** The Station may request the removal of an RSVP volunteer at any time. An RSVP volunteer may withdraw from service at the Station or from the RSVP at any time. The RSVP staff, the Station staff, and volunteers are encouraged to communicate to resolve concerns or conflicts, or take remedial action, including, but not limited to, placement with another station.

2. **Letters of Agreement:** When in-home assignments of volunteers are made, a letter of agreement will be signed by the parties involved. The document will authorize volunteer service in the home and identify specific volunteer activities, periods, and conditions of service. A blank copy of the letter of agreement shall be accessible at the RSVP Office.

3. **Religious/Political Activities:** The Station will not request or assign RSVP volunteers to conduct or engage in religious, sectarian, or political activities.
Appendix B.1 - Sample Memorandum of Understanding

4. **Displacement of Employees:** The Station will not assign RSVP volunteers to any assignment which would displace employed workers or impair existing contracts for services.

5. **Compensation:** Neither the station nor RSVP will request or receive compensation from the beneficiaries of RSVP volunteers. RSVP volunteers will not receive a fee for service from beneficiaries.

6. **Accessibility and Reasonable Accommodation:** The Station will maintain the programs and activities to which RSVP volunteers 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 accommodation to allow persons with disabilities to participate in programs and activities.

7. **Prohibition of Discrimination:** The Station will not discriminate against RSVP volunteers or in the operation of RSVP on the basis of race; color; national origin; gender; sexual orientation; religion; age; disability; political affiliation; marital or parental status; or military service.

8. **Termination of MOU:** This MOU may be terminated at any time by either party by sending written notice of termination of the MOU to the other party. This MOU shall be reviewed at least every three (3) years by the Parties.

9. **Signatures.** By signing this MOU, the Station, through its authorized representative, self-certifies that it meets the requirements necessary to become a RSVP Station.

10. **If meals are provided by the Station to RSVP volunteers, please complete this portion:**
    
    ( ) Contributed meals are **FEDERALLY FUNDED** under:
    
    _____ Title III of the Older Americans Act       _____ Other
    
    (federal) funding source ( ) Contributed meals are **not** provided by FEDERAL FUNDS.
    
    Meals will be provided to RSVP volunteers at a free or reduced price of $________ when _________ hours of service have been or will be volunteered during that day. The value of the meal provided is $________ each. (RSVP will utilize this information to meet its local in-kind match.)

**For All Stations**

**Volunteer Supervisor [Station Staff]**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Volunteer Station Primary Type: To qualify as a RSVP Station, an agency/office/department must self-certify that it is one of the following:

- [ ] Public Non-Profit   - [ ] Private Non-Profit   - [ ] Proprietary Health Care Agency   - [ ] Governmental Agency

*Version 2017.2*

This document is provided as a sample ONLY. Its use is optional and, if used, it should be customized as appropriate.
Authorized Signatures

<table>
<thead>
<tr>
<th>Authorized Station Representative</th>
<th>Date</th>
</tr>
</thead>
</table>

| RSVP Project Director [or other sponsor designated representative] | Date |

Please return this completed form to: ABC RSVP, PO Box 123, Our Town, XX 81234

Please include a volunteer assignment description for each volunteer opportunity at the Station. Thank you!