

[This is only a sample. Projects are encouraged to customize as appropriate]

Memorandum of Understanding

between the

[Sponsor Name] Senior Companion Project

Address
City, State

and

Volunteer Station: _____
hereinafter referred to as "Volunteer Station".

Address: _____

Telephone: _____ Fax _____ E-mail: _____

Volunteer Station Executive Director/CEO: _____

Period Covered: _____ to _____

This Memorandum of Understanding (MOU) contains basic provisions, which will guide the working relationship between both parties. This MOU may be amended, in writing, at any time with concurrence of both parties and must be renegotiated at least every three years.

BASIC PROVISIONS OF MEMORANDUM OF UNDERSTANDING

A. [Sponsor Name] Senior Companion Project Responsibilities:

1. Recruit, interview, select, and enroll volunteers in the program. The volunteers will meet the criteria in the Senior Companion Program (SCP) Federal Regulations for enrollment in the program.
2. Unless otherwise specified herein, conduct and document a criminal history check for all Senior Companions in accordance with the requirements established for a National Service Criminal History Check by the Corporation for National and Community Service.

3. Arrange for annual physical examinations for up to__ Senior Companions (including a 20% turnover rate) at \$_____per examination. Donor verifies funds are not from other federal sources unless authorized under law.
4. Provide accident and liability insurance coverage as required by the program including excess automobile liability insurance for Senior Companions who drive in connection with their service.
5. Be responsible for the management and fiscal control of the program.
6. Provide orientation to volunteers and provide in-service training on an on-going basis.
7. Provide orientation to Volunteer Station staff.

B. VolunteerStation Responsibilities:

1. For each Senior Companion and each client served, develop and obtain the Sponsor's approval, of a written Assignment Plan that identifies the client(s) to be served and the role and activities of the volunteer activities, the outcomes for the client(s) served, and that addresses the period of time each client should receive such services. This Assignment Plan will be signed by the Volunteer Station liaison and the volunteer and will be used to review the Senior Companion's services as well as the impact of the assignment on the client.
2. Assure adequate health and safety provisions for the protection of volunteers.
3. Investigate incidents, accidents and injuries involving volunteers and notify the Senior Companion Project on a timely basis.
4. Assign adults with special needs to each volunteer.
5. Provide site specific orientation and training to the volunteers.
6. Submit required completed paperwork to the Senior Companion Project on a timely basis, i.e., individual Volunteer Assignment Plans prior to assignment, volunteer timesheets, Volunteer Impact Evaluations, and Volunteer Performance Evaluations.

7. If meals are provided to 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 SCP volunteers at a free or reduced price when _____ hours of service has been or will be volunteered during that day.

NOTE: The value of free or reduced-price meals which is not provided by federal funds will be verified by the Volunteer Station Supervisor and reported monthly to the SCP project. This documents important in-kind support for SCP.

8. Ensure that Senior Companions serve in a volunteer capacity. The Station will verify that Senior Companions will not: displace nor replace paid or contracted employees, relieve staff of their routine duties or infringe upon the site supervisor's supervisory role with the children.
9. Ensure that any screening processes required of other volunteers at the station are required for the Senior Companion volunteers.
10. Provide confidentiality training for all Senior Companions in accordance with station policies and procedures.
11. Implement *Programming for Impact* at the volunteer placement site(s) in order to assist the Senior Companion Project in evaluating the impact Senior Companions have on their clients served and the community.
12. For in-home assignments, the Volunteer Station will obtain a Letter of Agreement signed by the person or persons legally responsible for the client served, the Volunteer Station liaison, and the SCP liaison authorizing the assignment of a Senior Companion in the client's home, defining the Senior Companion's activities.
13. Accessibility and Reasonable Accommodation: The Volunteer Station will maintain the programs and activities to which SCP 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.
14. Religious Activities: The Volunteer Station will not request or assign SCP volunteers to conduct or engage in religious, sectarian, or political activities.
15. Displacement of Employees: The Volunteer Station will not assign SCP volunteers to any assignment which would displace employed workers or impair existing contracts for services.

16. Prohibition of Discrimination: The Volunteer Station will not discriminate against SCP volunteers or in the operation of its program on the basis of race; color; national origin, including limited English proficiency; sex; age; political affiliation; sexual orientation; religion; or on the basis of disability, if the volunteer is a qualified individual with a disability.

17. The Volunteer Station will not discriminate against Senior Companion volunteers or in the operation of its program on the basis of race; color; national origin; limited English language proficiency; sex; age; political affiliation; sexual orientation; religion; or on the basis of disability, if the volunteer is a qualified individual with a disability.

By signing this MOU, the Volunteer Station Representative certifies that the Volunteer station is a public or non-profit private organization, or a proprietary health care agency.

SPONSOR NAME .

VOLUNTEER STATION NAME

By: _____
(Signature)

By: _____
(Signature)

Title: Project Director
_____ RSVP

Title: _____

Address:

Address:

City, State, Zip

City, State, Zip

Date: _____

Date: _____