



Commissioners  
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Commonwealth of Massachusetts  
**COUNTY OF NORFOLK**  
Office of the County Commissioners  
**RSVP VOLUNTEER PROGRAM**

614 High Street, Dedham, Ma 02027-0310



RSVP Director  
Robert Pierson

## **NORFOLK COUNTY RSVP PARTNERSHIP AGREEMENT 2020-2023**

Dear Site Partner,

It is a pleasure to welcome you to the Norfolk County RSVP Volunteer Program! Partnering with RSVP allows us to place new volunteers with your program and to support active volunteers with supplemental liability insurance, mileage reimbursement, and recognition for their service. We hope that you will find this partnership beneficial for your program and volunteers.

To establish our partnership, please complete the Partnership Agreement signature page, a CORI assignment or waiver form, a safety and accessibility assessment, and a volunteer job description. Once RSVP members are placed with your program or current volunteers join RSVP, they will each submit monthly timesheets to RSVP *with two signatures, their own and their supervisor's signature*. Timesheets verify dates of service for insurance purposes, document mileage for reimbursement, and demonstrate to our federal grant funders how many volunteers are active each month.

If you have any questions at all, please don't hesitate to contact me at (781) 234-3445. We want you to be happy with your volunteer experience with Norfolk County RSVP – so please keep us informed!

Sincerely,

Robert Pierson,  
Director of Norfolk County RSVP  
Phone: 781-234-3445  
[rpierson@norfolkcounty.org](mailto:rpierson@norfolkcounty.org)



# NORFOLK COUNTY RSVP VOLUNTEER PROGRAM

*Your Invitation to Respond to Your Community*  
614 High Street, P.O. Box 310, Dedham, MA 02027



Tel: 781-329-5728

Fax: 781-326-6480

Email: [rsvp@norfolkcounty.org](mailto:rsvp@norfolkcounty.org)

Web: [www.norfolkcounty.org/rsvp](http://www.norfolkcounty.org/rsvp)

## **NORFOLK COUNTY RSVP RESPONSIBILITIES**

1. Recruit, interview, and enroll RSVP volunteers and refer volunteers to the partner site.
2. Work cooperatively with Partner staff to identify volunteer assignments that will have a measurable impact.
3. Prior to their start of service, RSVP will provide written documentation of assignment to volunteers.
4. Unless waived by the partner site, assure that all RSVP volunteers will be screened for criminal record (CORI check) prior to placement.
5. Provide orientation to Partner staff, as needed prior to placement of volunteers.
6. Monitor volunteer activities at partner sites through site visits and documentation in which partners are encouraged to assess current volunteer activities and future needs.
7. Instruct RSVP volunteers in monthly timesheet submission and reimbursement guidelines.
8. Provide limited mileage reimbursement to volunteers for travel to and from Partner site locations.
9. Furnish supplemental accident and personal liability insurance coverage to volunteers as required by program policy.



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## **PARTNER SITE RESPONSIBILITIES**

1. Work cooperatively with RSVP staff to identify RSVP assignments that have a measurable impact on the critical needs addressed by the agency.
2. Interview all prospective volunteers prior to making final decision on their acceptance.
3. Conduct volunteer orientations; i.e., discuss assignment and expectations with individual volunteers referred by RSVP prior to their start of service.
4. Provide additional in-service instruction or special training of volunteers, as needed. Furnish volunteers with any materials required for assignments.
5. Provide supervision of volunteers on assignment.
6. Participate in RSVP Partner Site visits to review current volunteer assignments, activity and future needs.
7. Sign monthly RSVP time sheets to validate volunteer service hours. Remind and assist participating volunteers with timesheets as needed. (Where many RSVP volunteers are involved, it may be more suitable for RSVP Partners to submit a single monthly summary of timesheet data on behalf of all their active RSVP volunteers).
8. Provide for adequate safety of volunteers and certify their safety to RSVP via supplied form.
9. Participate in annual survey assessments of volunteer impact for RSVP Grant Reports.
10. Investigate and report any accidents or injuries involving RSVP volunteers while on assignment at the site.
11. Partner site will inform RSVP whenever a volunteer begins or ends their volunteer assignment
12. Promote RSVP information in newsletters and to the public at large.



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## **OTHER PROVISIONS**

1. **Separation from Volunteer Service:** The partner site may request the removal of an RSVP volunteer at any time. The RSVP volunteer may withdraw from service at the partner site or from RSVP at any time. Discussion of individual separations will occur among RSVP staff, partner staff, and the volunteer to clarify the reasons, resolve conflicts, or take remedial action, including placement with another partner site.
2. **Religious Activities:** The partner site will not request or assign RSVP volunteers to conduct or engage in religious, sectarian, or political activities.
3. **Displacement of Employees:** The partner site will not assign RSVP volunteers to any assignment which would displace employed workers or impair existing contracts for services.
4. **Accessibility and Reasonable Accommodation:** The partner site 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.
5. **Prohibition of Discrimination:** The partner site will not discriminate against RSVP 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.



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## RSVP/Partner Site Memorandum of Understanding 2020-2023

Partner Site: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Period Covered: April 1, 2020 to March 31, 2023

**This Memorandum of Understanding (MOU) includes RSVP Responsibilities, Partner Site Responsibilities, and Other Provisions, which will guide the working relationship between the parties.**

**The RSVP Director or Volunteer Coordinator will serve as the liaison with the Partner Site.**

**The Partner Site Representative who will serve as liaison with RSVP and will be responsible for volunteer orientation and supervision is:**

Name (Please Print)	Title	Contact Information (if different than above)
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The Partner Site Representative certifies that the partner site is a public or non-profit private organization, or a proprietary health care agency.

This MOU may be amended, in writing, at any time by agreement of both parties.

_____ <b>Signature (Partner Site)</b>	_____ <b>Date</b>
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_____ Robert Pierson, Director Norfolk County RSVP	_____ Date
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## ASSIGNMENT OF CORI (Choose one)

### ASSIGN TO RSVP

Partner Site: \_\_\_\_\_

I hereby charge Norfolk County RSVP with the responsibility of conducting Criminal Offender Record Information (CORI) checks of potential and/or current volunteers referred to us by Norfolk County RSVP.

The following is (are) our reasons for signing this assignment of responsibility:  
(Please check all that apply)

- Volunteers, at our volunteer sites, directly serve/contact vulnerable populations.
- This agency does not have the ability to perform Criminal Offender Record Information (CORI) checks on volunteer.
- Other (Reason) \_\_\_\_\_

\_\_\_\_\_  
**Signature (Partner Site)**

\_\_\_\_\_  
**Date**

**OR**

### CORI WAIVER

Partner Site: \_\_\_\_\_

I hereby relinquish Norfolk County RSVP of the responsibility to conduct Criminal Offender Record Information (CORI) checks of potential and/or current volunteers referred to us by Norfolk County RSVP.

The following is (are) our reasons for signing this waiver (check all that apply):

- Volunteers, at our volunteer sites, do not directly **serve/contact** vulnerable populations.
- This agency performs Criminal Offender Record Information (CORI) checks on all volunteers regardless of **whether or not** Norfolk County RSVP performs a CORI check.
- Other (Please State reason): \_\_\_\_\_

\_\_\_\_\_  
**Signature (Partner Site)**

\_\_\_\_\_  
**Date**



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## SAFETY & ACCESSIBILITY ANNUAL RSVP PARTNER SITE SELF-EVALUATION 2020-2023

In order for all of our volunteers to be placed in a safe environment and for those members with disabilities to be placed at community service sites that ensure their capabilities are maximized, we are required by our federal grant to obtain the following information annually. With this knowledge, we can better place our volunteers.

Please fill out to the best of your knowledge and call if you have any questions. Please use a second page if necessary.

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Site Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

1. Are there adequate accommodations for people with visual, hearing, mental and cognitive issues? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Any barriers to entering Partner site locations? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is there a wheel chair accessible bathroom? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are all floors accessible to someone with limited mobility? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are all services performed within this building? Yes \_\_\_\_\_ No \_\_\_\_\_
6. If there are identified barriers to access, what reasonable adaptations can you make for volunteers? Please explain:  
\_\_\_\_\_ N/A \_\_\_\_\_
7. Does this facility ensure the physical and emotional safety of all volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
**Signature (Partner Site)**

\_\_\_\_\_  
**Date**



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## **VOLUNTEER JOB DESCRIPTION (or attach printed materials)**

PARTNER SITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENCY FUNCTION: \_\_\_\_\_  
\_\_\_\_\_

JOB TITLE: \_\_\_\_\_

PURPOSE OF JOB: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC SKILLS NEEDED: \_\_\_\_\_  
\_\_\_\_\_