VOLUNTEER OPPORTUNITIES

SHOPPERS PROGRAM

Shoppers Opportunity Description:

Purpose: To provide safety checks & limited, informal support to the homebound senior.

Responsibilities: Mutually agreed upon by both volunteer & customer. This may include shopping,

visiting, running errands

Check on customer's well-being

Notify CSSI or emergency contacts of any problems or irregularities

Training: An overview of agency is presented to all volunteers

All facets of the shopper program will be explained to volunteer Volunteer Handbook is provided, including policies and procedures

Reports: Mailed, called in or emailed monthly (i.e. volunteer hours, mileage

reimbursement forms, etc.)

Time Commitment: Mutually agreed upon by both customer and volunteer

Qualifications: Kindness, courtesy and dependability

A desire to serve the elderly

Meet agency requirements per policies and procedures

Clean background check/safe driving record Valid driver's license & proof of insurance

Basic Physical Requirements:

Medium Physical Demand Level (PDL)

Benefits: Satisfaction of serving others and contributing to the betterment of the community

Reimbursement for mileage (fluctuates with IRS guidelines)

VOLUNTEER OPPORTUNITIES

MEALS ON WHEELS PROGRAM

MOWs Volunteer Opportunity Description:

Purpose: To deliver nutritious meals to frail, homebound older adults

Responsibilities: Deliver meals in timely, courteous manner

Check on welfare of customers

Notify CSSI of any problems or irregularities

Training: An overview of agency will be presented to volunteers

All facets of MOW program will be explained to volunteer, including normal

delivery routine & emergency procedures & training with meal driver

Annual training

Reports: Route sheets are turned in weekly (can be mailed)

Mileage reimbursement sheets are turned in monthly

Savory Select menus from customer need to be turned in same day or dropped

off at office or drop site (usually UT center or MT center)

Time Commitment: Two to three hours for each route

Qualifications: Kindness, courtesy & dependability

A desire to serve others

Valid driver's license & proof of auto insurance Safe driving record and clean background check

Basic Physical Requirements:

Medium Physical Demand Level (PDL)

Lifting: Up to 30 pounds (on occasion); 5 pounds, frequently

Climbing: Up and down stairs / steps on occasion

Environmental: Exposure to inside & outside extremes on occasion

Benefits: Reimbursement for mileage (fluctuates with IRS guidelines)

Satisfaction of serving others and contributing to the betterment of the

community

VOLUNTEER OPPORTUNITIES

EXTRA HANDS PROGRAM/COMMUNITY PROJECTS

Extra Hands/Community Projects Opportunity Description:

Purpose: To assist seniors with informal support to keep them living independently in their homes

Responsibilities:

Office: Work on special projects or special events on occasion

On occasion help with bulk mailing – stuffing and labeling envelopes

Field Work: One time only jobs

Errands on occasion

Light Household Chores (i.e. hanging curtains, raking leaves, helping with packing boxes, cleaning closets, washing windows, inside or out (one story homes only), painting walls, sheds, decks, flower bed cleanup, general yard clean-up, trimming bushes, hedges, staining small decks or ramps, etc. – customer provides needed supplies to get requests done (if customer

has no funds, CSSI emergency fund can help with supplies)

Training: An overview of the agency is presented

Volunteer Handbook provided, including policies & procedures

Reports: Hours and tasks completed reported to Volunteer Manager

Mileage reimbursement forms monthly

Time Commitment: On call as jobs are requested

Environmental: Exposure to inside & outside extremes on occasion

Basic Physical

Requirements:

Medium Physical Demand Level (PDL)

Qualifications: Kind, courteous and dependable

A desire to serve the elderly

Meet agency requirements per policies and procedures

Valid driver's license & proof of auto insurance Safe driving record and clean background check

Benefits: Satisfaction of working with and serving others while contributing to the betterment of the

community

Clermont Senior Services, Inc.

Volunteer Information Sheet

Name		Date		
Street Address				
City		State	Zip	County
Sex: Male	Female	Date of Birth:		SS# (last 4 digits)
Home Phone	Place	e of Employment		Occupation
Work Phone	Cell Pho	ne	E-mail Ad	dress:
What type of volunt	eer?			
Meals-on-Wheels	Extra Hands	☐ Home Repair ☐	Friendly Neighl	bor/Shopper
College Volunteer	Entertainment	Community Gro	up Board of	Directors Officer Visits
Other:				
Personal Referen		Addr	ess:	
Phone Number:		E-ma	ail:	
Name:		Add	ress:	
Phone Number:		E-ma	ail:	
In case of emerg				_ Relationship:
Volunteer Signature:				Date:
Staff Signature:				Date:

CLERMONT SENIOR SERVICES

service with heart

2085 James E. Sauls Drive Batavia, OH 45103 (513)536-4021 (fax) 536-4121 www.clermontseniors.com

CONFIDENTIAL REFERENCE FORM

Your name has been given as a reference by: who has submitted an application to the Volunteer Resource Division at Clermont Senior Services, Inc. Our volunteers must possess self motivation and maturity. We would appreciate you completing this form and either fax it to 536-4121 or e-mail it to Jeanne Siegel at isiegel@clermontseniors.com, so that we may make a decision on the applicant's ability to fulfil the responsibilities involved in our volunteer program. All information you supply will be confidential. Thank You.					
How long have you known the applicant?					
Describe the applicant's reliability and willingness to make a commitme	nt such as this:				
Are you aware of any physical or emotional problems that would limit the	ne applicant?				
Would you recommend the applicant for placement in a setting such as of	ours?				
Or, do you feel he or she may be more suited for another type of volunte	er agency?				
Additional comments:					
Signature:	Date:				
Volunteer Manager Signature:	Date:				

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How long have you known the applicant?	
Describe the applicant's reliability and willingness to	make a commitment such as this:
Are you aware of any physical or emotional problems	that would limit the applicant?
Would you recommend the applicant for placement in	a setting such as ours?
Or, do you feel he or she may be more suited for anoth	ner type of volunteer agency?
Additional comments:	
Signature:	Date:
Volunteer Manager Signature	Date [.]

Clermont Senior Services, Inc.

Code of Ethics for Volunteers

- 1. I agree to be a positive representative of Clermont Senior Services, Inc. at all times. This includes maintaining a cooperative, courteous and respectful attitude while participating in Agency activities.
- 2. As a volunteer, I realize I am subject to a code of ethics similar to that which binds professionals in the field in which I work. Like them, I assume certain responsibilities and expect to account for what I do.
- 3. I believe that my attitude toward volunteer work should be professional. I understand that as a volunteer I am expected to be dependable and reliable. Should I be unable to fulfill my commitment, I will notify the appropriate person promptly.
- 4. I understand the importance of being on time for my volunteer responsibilities. I will notify the proper staff person of any changes in my schedule as early as possible.
- 5. I understand the importance of confidentiality with respect to the people served by our organization, their families, fellow volunteers and staff. I understand that if I breach this contract of confidentiality, I will no longer be able to volunteer with the organization.
- 6. I agree to abide by all agency and program policies.

A volunteer must not:

- a) Use the participant's vehicle.
- b) Consume the participant's food and drink without the participant's consent or the participant offering it.
- c) Use the participant's telephone for personal calls.
- d) Discuss personal problems or religious or political beliefs with the participant.
- e) Accept gifts or tips from the participant.
- f) Consume alcoholic beverages or use medicine or drugs for any purpose other than medical while in the participant's home or prior to the delivery of service.
- g) Smoke in the participant's home.
- h) Breach the participant's privacy or the confidentiality of participant records.
- i) Bring or eat personal food in the participant's home without the participant's consent.

Being eager to contribute all that I can to human betterment, I accept this Code of Ethics for Volunteers as my code to be followed carefully and cheerfully.

Signature - Volunteer	Date
Signature - Volunteer Manager	Date

CRIMINAL RECORDS RELEASE

Please be advised that I give permission to Clermont Senior Services, Inc. to obtain a copy of my criminal record from the Clermont, Hamilton and Butler County Sheriff's Departments. All information you supply will be confidential as well as any records.

Name: (Please Print)	
(Include Middle & Maiden)	
Date of Birth:	
Last Four Digits of Social Socurity #.	
Last Four Digits of Social Security #:	
Signature:	
Date:	

Clermont Senior services has the right to decline any application.

Our mission is to improve the quality of life for older adults by providing a broad range of home and community based services, enabling them to remain as active and independent as possible.

CSS is an equal opportunity provider and employer.