

## Senior Volunteer Services – AmeriCorps Seniors (RSVP) MOU

270 Scott Street, Paso Robles, CA 93446 Office (805) 544-8740 FAX (805) 544-9146

E-mail to: linda@srvolunteer.org – Paso Robles Office

### General Memorandum of Understanding (\*) between the AmeriCorps Seniors (RSVP), and (Please print your

organization's name here) \_\_\_\_\_

hereafter referred to as the **Station**.

1. **AmeriCorps Seniors (RSVP)** will screen volunteers and provide initial orientation taking into account any physical disabilities for placement.
2. **AmeriCorps Seniors (RSVP)** provides volunteers (55 years of age and older) supplemental accident, personal liability and supplemental automobile insurance while serving in RSVP assignments.
3. **AmeriCorps Seniors (RSVP)** volunteers may never receive a fee for services from service recipients, their guardians, members of their family or friends.
4. **AmeriCorps Seniors (RSVP)** will never require financial support from a station as a precondition to obtain RSVP volunteers services.
5. **Station** will complete a volunteer opportunity form, and provide a safe work environment for assigned volunteers.
6. **Station** may not request or receive any compensation from RSVP volunteers or from beneficiaries of the RSVP volunteer services.
7. **Station** will screen volunteers and reserves the right to reject placement of a volunteer. (\*\*)
8. **Station** will provide orientation, task instructions and supervision for volunteers.
9. **Station agrees to provide AmeriCorps Seniors (RSVP) a monthly accounting of hours served by their AmeriCorps Seniors volunteers.**
10. **Station** will provide necessary and timely reports to **AmeriCorps Seniors (RSVP)** regarding mishap/accidents involving volunteers.
11. **Station** will not assign volunteers to any assignment that displaces employed workers.
12. **Station** will not discriminate against **AmeriCorps Seniors volunteers** or in the operation of its program on the basis of race; color; national origin; gender; sexual orientation; religion; age; disability; political affiliation; marital or parental status; or military service.
13. **Station** will comply with Title VI of the Civil Rights Act of 1964, as amended and with Section 504 of the Rehabilitation Act of 1973, with regard to access for the disabled.
14. **Station** will maintain the programs and activities to which **AmeriCorps Seniors 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.
15. **Station** will not assign volunteers to conduct or engage in religious, sectarian or political activity or participate in construction of facilities to be used for religious purposes, nor to finance labor or anti-labor activities.
16. **Station** will obtain a Letter of Agreement for any in-home assignment signed by the client or his/her legal representative, the Volunteer Station liaison, and the **AmeriCorps Seniors volunteer liaison** authorizing the assignment of the **AmeriCorps Seniors volunteer** in the client's home, defining the volunteer's activities, and specifying supervisory arrangements.
17. **Station** will be sure to follow the Center for Disease Control (CDC) reopening guidance, and the state of California and county re-opening measures and safety protocols for COVID-19.

#### Understanding regarding meals, transportation and out-of-pocket expenses:

1. Station will/will not provide meals for volunteers.
2. Station will/will not provide transportation for volunteers.
3. Station will/will not reimburse volunteers for out-of-pocket expenses.

**AmeriCorps Seniors (RSVP) recognizes this station as one of the following station types: (check one), and attach a copy of your 501(c)3 documentation if appropriate.**

- Public**  
 **Private, non-profit**  
 **Proprietary health agency**

\_\_\_\_\_  
Signature of Station Coordinator/Supervisor

\_\_\_\_\_  
(Please print your name clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please indicate name of Volunteer Coordinator(s) if different from Station Coordinator

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Ext.

\_\_\_\_\_  
FAX

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature of SVS - AmeriCorps Seniors (RSVP) Director

\_\_\_\_\_  
Date

(\*) Memorandum of Understanding will be renewable every three years at minimum. (\*\*) SCREENING: Criminal Background checks and Reference checks are NOT done by AmeriCorps Seniors (RSVP). It is the responsibility of the Volunteer Station to determine the need for such screening and to follow through with a criminal background and/or reference check if they deem it necessary.  
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