

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA090

NAME: VOLUNTEERS

INITIAL APPROVAL DATE:	12/02/2020	BY: Administrative Committee
(LAST) REVISION DATE:		BY:
(LAST) REVIEW DATE:	02/15/2024	BY: Policy Committee
DISCONTINUED DATE:		REPLACE BY:

I. PURPOSE

The Agency encourages the use of volunteers when appropriate. This policy serves to outline the requirements for a volunteer and the process for bringing a volunteer on-board.

II. APPLICATION

Populations: **NA**
Programs: **Direct - ALL**
Contracted - ALL

III. STANDARDS

A member of the Administrative Committee will make the final determination for the utilization of a particular volunteer after a careful review of the individual’s qualifications.

All volunteers will be assigned to a specific Supervisor who will be responsible for their work. Volunteers must submit an application and consent for background check (prior to volunteering onsite), to the Human Resources Department who will establish a personnel file for the volunteer. The volunteer’s immediate Supervisor is responsible for completing the Orientation Checklist with him/her during the first week of service.

For a volunteer assignment that exceeds ten working days in any six-month period, the immediate Supervisor will develop a written job description for that position and place it in the volunteer’s Personnel File.

Volunteers will be trained in their job function by their assigned Supervisor or other formal training mechanisms. The Supervisor or his designee will clearly explain each task that the volunteer is asked to complete. When appropriate, the volunteer will receive a written description of his duties and time commitment requirements.

The assigned Supervisor or his designee will be on the site whenever the volunteer is present.

Their assigned Supervisor will outline all limitations associated with their volunteer status. At no time will volunteers have access to confidential files or information without a release of information. A meeting where specific individual information is discussed will be strictly forbidden to volunteers without an appropriate release and prior approval of the immediate supervisor. Volunteers cannot be used for any position paid by the Agency.

Volunteers are insured through the Agency’s professional liability policy. Criminal activity, negligence or behavior proven to differ significantly from that likely to be exercised by a reasonable person under the identical circumstances may leave the volunteer open to personal liability. Supervisors will apprise each volunteer of his/her liability while volunteering for the Agency.

Volunteers are not eligible for hourly wages, employee fringe benefits, including life insurance, retirement, and the dental plan. With supervisor approval, volunteers will be eligible for mileage reimbursement when using their personal vehicles on business required by the Agency. Volunteers will be reimbursed for appropriate business expenses (meals, etc.) incurred in the performance of assigned volunteer activities or expenses for approved activities. Volunteers must submit receipts for all amounts requested.

At the time they are assigned, volunteers will be apprised in writing of any financial reimbursement they can expect to receive for their volunteer efforts.

At the completion of their volunteer commitment (or at least yearly for long-term volunteers), a written evaluation of their performance will be completed by their immediate Supervisor or the Agency CEO and placed in the individual's Personnel File.

The CEO or his designee may waive these standards for casual contact of less than 8 hours. The following guidelines will need to be followed in this situation:

- Volunteers must be 16 years of age or older.
- All volunteers must meet with the Recipient Rights Officer or designee prior to the event to receive a brief in-service on confidentiality. Each volunteer will be required to sign the Agency Confidentiality Statement (Form #0061). Volunteers under the age of 18 years must have their parent/responsible party co-sign the statement.

IV. ATTACHMENTS

V. REFERENCES

Form #0061 – Agency Confidentiality Statement