



**Memorandum of Understanding**  
**Volunteer Montgomery**

This Memorandum of Understanding (this "MOU") contains basic provisions, which will guide the working relationship between both parties. It is entered into by and between **Volunteer Montgomery**, sponsored by the **Montgomery County Board of Supervisors**, and the following agency and/or entity (the "Station"):

Station Name: **Blacksburg AARP Chapter #2613** EIN: **1976**

Station Site Address: **P.O. Box 10082** City: **Blacksburg**

State: **VA** Zip: **24062**

(Station Mailing Address if different): City:

State: Zip

**Volunteer Montgomery** and the *Station* may be referred to herein as the "**Parties.**"

This MOU is effective from \_\_\_\_\_ Through \_\_\_\_\_. This MOU may be amended in writing at any time with the concurrence of both parties and must be renegotiated at least every three (3) years.

**Basic Provisions**

**Volunteer Montgomery Responsibilities**

1. Recruit, enroll, and interview VOLUNTEER MONTGOMERY volunteers.
2. Refer VOLUNTEER MONTGOMERY volunteers to the Station
3. Review the acceptability of volunteer assignments.
4. Instruct VOLUNTEER MONTGOMERY volunteers in the proper use of volunteer timesheets, reimbursement guidance, and the VOLUNTEER MONTGOMERY procedures.
5. Provide the VOLUNTEER MONTGOMERY orientation to the Station staff prior to placement of volunteers and at other times as needed.
6. Initiate publicity regarding VOLUNTEER MONTGOMERY.
7. Furnish accident, personal liability, and excess automobile insurance coverage for enrolled volunteers required by the VOLUNTEER MONTGOMERY policies. The insurance provided by the sponsor is secondary coverage and is not primary insurance.
8. Periodically monitor volunteer activities at the Station to assess and/or discuss the needs of volunteers and the Station.
9. Staff an Advisory Council to VOLUNTEER MONTGOMERY. Along with the advisory council, arrange for an appeals procedure to address problems arising between the volunteer, the Station, and/or VOLUNTEER MONTGOMERY.
10. Arrange for appropriate VOLUNTEER MONTGOMERY recognition.
11. Coordinate with other volunteer and aging programs in the area to foster effective communication and avoid duplication.
12. Reimburse VOLUNTEER MONTGOMERY volunteers for transportation costs between their home and volunteer station in accordance with VOLUNTEER MONTGOMERY policies and availability of funds (if applicable).
13. Arrange with the Station for meals and/or snacks, whenever possible, for volunteers on assignment.
14. Provide photo identification for volunteers if not provided by the station.

## The Station's Responsibilities

1. Interview and make final decisions on assignments of VOLUNTEER MONTGOMERY volunteers.
2. Perform, if required for a particular assignment, background, or other screenings.
3. Implement orientation, in-service instruction, and/or special training of volunteers.
4. Furnish volunteers with materials required for assignment. These materials may include station uniform and photo I.D.
5. Provide supervision of volunteers on assignments. (Supervisor name and contact information on next page.)
6. Provide volunteer assignment descriptions for each volunteer opportunity at the Station.
7. Provide for the adequate safety of volunteers and submit an annual assurance upon request to Montgomery County VOLUNTEER MONTGOMERY.
8. Investigate and report any accidents and injuries involving VOLUNTEER MONTGOMERY volunteers immediately to Montgomery County. All reports shall be submitted in writing.
9. Specify, either by written information or verbally, that VOLUNTEER MONTGOMERY volunteers are participants in the Station's programming in publicity featuring such volunteers. Display a VOLUNTEER MONTGOMERY placard where it may be viewed by the public.
10. **Reports:** The Station Representative shall:
  - **Timesheets:** Report volunteer hours on a monthly basis on or before the 10th of the following month (Insurance coverage is only effective with verified records of hours served.)
  - **Progress Reports:** Some stations are requested to complete a short bi-annual survey provided by VOLUNTEER MONTGOMERY documenting the impacts of services provided by volunteers.

## Other Provisions

1. **Separation from Volunteer Service:** The Station may request the removal of a VOLUNTEER MONTGOMERY volunteer at any time. A VOLUNTEER MONTGOMERY volunteer may withdraw from service at the Station or from the VOLUNTEER MONTGOMERY at any time. The VOLUNTEER MONTGOMERY staff, the Station staff, and volunteers are encouraged to communicate to resolve concerns or conflicts, or take remedial action, including, but not limited to, placement with another station.
2. **Letters of Agreement:** When in-home assignments of volunteers are made, a letter of agreement will be signed by the parties involved. The document will authorize volunteer service in the home and identify specific volunteer activities, periods, and conditions of service. A blank copy of the letter of agreement shall be accessible at the VOLUNTEER MONTGOMERY Office.
3. **Religious/Political Activities:** The Station will not request or assign VOLUNTEER MONTGOMERY volunteers to conduct or engage in religious, sectarian, or political activities.
4. **Displacement of Employees:** The Station will not assign VOLUNTEER MONTGOMERY volunteers to any assignment which would displace employed workers or impair existing contracts for services.
5. **Compensation:** Neither the station nor VOLUNTEER MONTGOMERY will request or receive compensation from the beneficiaries of VOLUNTEER MONTGOMERY volunteers. VOLUNTEER MONTGOMERY volunteers will not receive a fee for service from beneficiaries.
6. **Accessibility and Reasonable Accommodation:** The Station will maintain the programs and activities to which VOLUNTEER MONTGOMERY 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.
7. **Prohibition of Discrimination:** The Station will not discriminate against VOLUNTEER MONTGOMERY volunteers or in the operation of VOLUNTEER MONTGOMERY on the basis of race; color; national origin; gender; sexual orientation; religion; age; disability; political affiliation; marital or parental status; or military service.
8. **Termination of MOU:** This MOU may be terminated at any time by either party by sending written notice of

termination of the MOU to the other party. This MOU shall be reviewed at least every three (3) years by the Parties.

9. **Signatures.** By signing this MOU, the Station, through its authorized representative, self-certifies that it meets the requirements necessary to become a VOLUNTEER MONTGOMERY Station.

10. **If meals are provided by the Station to VOLUNTEER MONTGOMERY 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 VOLUNTEER MONTGOMERY volunteers at a free or reduced price of \$ \_\_\_\_\_ when hours of service have been or will be volunteered during that day. The value of the meal provided is \$ \_\_\_\_\_ each.

<b>Name:</b>	<b>Title:</b>
<b>Phone:</b>	<b>Email:</b>

(VOLUNTEER MONTGOMERY will utilize this information to meet its local in-kind match.)


**For All Stations**

***Volunteer Supervisor [Station Staff]***

Volunteer Station Primary Type: To qualify as a VOLUNTEER MONTGOMERY Station, an agency/office/department must self-certify that it is one of the following:

- Public Non-Profit    Private Non-Profit    Proprietary Health Care Agency  
 Governmental Agency

**Authorized Signatures**

  
\_\_\_\_\_  
**Authorized Station Representative**

11-7-24  
\_\_\_\_\_  
**Date**

  
\_\_\_\_\_  
**VOLUNTEER MONTGOMERY Project Coordinator**

11/7/24  
\_\_\_\_\_  
**Date**

**PLEASE RETURN THIS COMPLETED FORM TO:**

**Volunteer Montgomery, 210 S. Pepper Street, Suite D, Christiansburg, VA 24073**

**hayesaw@montgomerycountyva.gov**

*Please include a volunteer assignment description for each volunteer opportunity at the Station.*

*Thank you!*

**ACCESSIBILITY CHECKLIST FOR VOLUNTEER STATIONS**

Volunteer Montgomery strives to include all members in volunteer work despite disabilities. Please answer the following questions to help us accommodate volunteer requests appropriately. This document is for informational purposes and will not affect your eligibility status with VOLUNTEER MONTGOMERY.

Station Name: Blacksburg AARP Chapter #2113

- 1. Do policies, practices, or standards directly or indirectly exclude or limit the participation of individuals with disabilities in your organization’s programs or activities?  Yes  No
- 2. If yes to #1, program/requirements do limit or exclude the following individuals from volunteering:  
 Hearing Impaired     Sight Impaired     Mental disability     Physical disability
- 3. Does your organization have policies that ensure a “reasonable accommodation” is made to individuals including volunteers with disabilities?  Yes  No
- 4. Does your organization notify all persons such as staff and volunteers of your policy not to discriminate against individuals with disabilities?  Yes  No
- 5. Does your agency have the ability to communicate with hearing-impaired individuals?  
 Yes  No
- 6. Does your agency have publications and signage available for visually impaired individuals?  
 Yes  No
- 7. Is your agency’s building equipped to accommodate disabled individuals? Please check all that apply.
  - At least one accessible route that connects the entire facility including the parking lot
  - A disabled parking space designated
  - A drop-off zone near the building entrance
  - A handicapped accessible entrance
  - A handicapped accessible bathroom
  - If multi-level, an elevator is available
  - Handrails on stairways
  - Meeting spaces/conference areas accessible for individuals with disabilities

*Mandy Hayes* *Jerome Niles (co-presidents)* 11-7-24

Authorized Station Representative

Date

*Mandy Hayes*

*11/7/24*

VOLUNTEER MONTGOMERY Coordinator

Date

PLEASE RETURN THIS COMPLETED FORM TO:

Volunteer Montgomery, 210 S. Pepper Street, Suite D, Christiansburg, VA 24073


hayesaw@montgomerycountyva.gov

### SAFETY CHECKLIST FOR VOLUNTEER STATIONS

Volunteer Montgomery ensures that all volunteer stations assess the safety of their volunteers annually.  
Please answer the following questions to the best of your ability and return this form to the VOLUNTEER MONTGOMERY office.

Station Name:

- All volunteers are oriented and trained on the agency's safety policy.  Yes  No
- Volunteers are given the necessary materials and knowledge to perform tasks safely.  Yes  No
- Proper signs, emergency exits, and safety protocols are visibly displayed for volunteers.  Yes  No
- All volunteers report and/or document any accidents to a staff member.  Yes  No
- All volunteers receive a background check prior to volunteering.  Yes  No
- Staff provides volunteers with new safety information as needed.  Yes  No
- Volunteers wear the appropriate clothing and safety equipment necessitated by Activity.  Yes  No
- First aid kits are available and locations identified.  Yes  No
- Fire extinguishers are located on-site and inspected regularly.  Yes  No
- Worksites are free of hazards.  Yes  No

 (co-presidents) 11-7-24  
**Signature of person completing evaluation** Title Date

Mandy Hayes 11/7/24  
VOLUNTEER MONTGOMERY Coordinator Date

PLEASE RETURN THIS COMPLETED FORM TO:

Volunteer Montgomery, 210 S. Pepper Street, Suite D, Christiansburg, VA 24073  
hayesaw@montgomerycountyva.gov