



VOLUNTEER CENTER for COWLITZ-WAHKIAKUM



Memorandum of Understanding (MOU)

This MOU represents an agreement between the *Volunteer Center for Cowlitz-Wahkiakum*, a program of Lower Columbia CAP, and the organization listed below:

Organization: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Web address: _____

Primary contact: _____

Title: _____

Telephone / ext.: _____

Email address: _____

I certify that this organization is a non-profit, government or health proprietary organization, and will abide by guidelines stated in this agreement.

Signature of Organization Representative

Date

This *Memorandum of Understanding* is an agreement between your agency and the Retired and Senior Volunteer Program-RSVP (a program of the *Volunteer Center for Cowlitz-Wahkiakum*). It is not a legal contract; it simply identifies the rights and responsibilities shared by the Station and RSVP. This agreement may be amended, in writing, at any time with concurrence of both parties and must be renegotiated at least every three years.

We do not discriminate against persons based on age, color, race, religion, ability, gender, familial status, sexual orientation, national origin, veteran status, political persuasion or marital status.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understand (MOU) contains basic provisions that will guide the working relationship between both parties.

VCCW Responsibilities:

- *Volunteer recruits are interviewed and criminal background check performed before referred to a station*
- *Furnish supplemental insurance for the RSVP volunteer.*
- *Act as the liaison and advocate between the volunteer and the Volunteer Station.*
- *Conduct periodic reviews of Volunteer Stations and activities.*
- *Provide an orientation to new volunteer station coordinators.*
- *The VCCW-RSVP will provide an annual recognition event for all RSVP volunteers*
- *As such, by entering into this MOU, the Volunteer Station waives and fully releases RSVP and Lower Columbia CAP from any and all liability or damages relating to or otherwise result from the referral, behavior or conduct of any volunteer accepted by the Volunteer Station.*

Volunteer Station Responsibilities

- *Provide RSVP with a volunteer job description/request, including special requirements, fees? and or expectations necessary for the assignment.*
- *Provide the volunteer with an interview, orientation and training.*
- *Supply a list of names of volunteers serving at your station to RSVP when requested.*
- *The Volunteer Station will include RSVP volunteers in their recognition activities.*
- *The Volunteer Station will maintain the programs and activities to which RSVP volunteers are assigned accessible to persons with disabilities, or provide reasonable accommodation to allow persons with disabilities to participate in programs and activities.*
- *The Volunteer Station will not discriminate against RSVP volunteers or in the operation of its program on the basis of race, national origin, sex, age, political affiliation, religion, sexual orientation, veteran status, or on the basis of disability, if the volunteer is qualified individual with a disability.*
- *Refrain from assigning volunteers to any job that would displace paid employees and to conduct or engage in religious, sectarian or political activity.*
- *Provide the VCCW-RSVP official with accident reports as necessary for any RSVP volunteer.*
- *Review and sign VCCW-RSVP monthly volunteer time sheets to verify volunteer hours.*
- *The volunteer station may request the removal of a VCCW-RSVP volunteer at any time. The VCCW-RSVP volunteer may withdraw from service at the Volunteer Station or from the VCCW-RSVP at any time. Discussion of individual separations will occur between RSVP staff, Volunteer Station Staff and the volunteer to clarify the reason, resolve conflicts, or take remedial action, including placement with another Volunteer Station.*
- *Volunteer Station may conduct further background checks as required. VCCW-RSVP performs a cursory criminal background check and does not assume liability for volunteers referred to the agency.*

Station ID # _____

Renewal Date: _____

Representative—VCCW _____

Date _____

Station Representative _____ Title _____ Date _____