



AmeriCorps
Seniors

INCA COMMUNITY SERVICES, INC.

INCA-RSVP (Retired & Senior Volunteer Program)

MEMORANDUM OF UNDERSTANDING

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 **INCA-RSVP**, sponsored by **INCA Community Services, Inc.** and the following agency and/or entity (the “**Station**”):

Station Name:							
Station Site Address:		City:		State:		Zip:	
Station Mailing Address:		City:		State:		Zip:	

INCA-RSVP and the *Station* may be referred to herein as the “**Parties.**”

This MOU is effective from	(Month/Year)	through	(Month/Year)
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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

INCA-RSVP's Responsibilities

1. Recruit, enroll, and interview AmeriCorps Seniors volunteers in RSVP.
2. Refer AmeriCorps Seniors volunteers in RSVP to the Station
3. Review acceptability of volunteer assignments.
4. Instruct AmeriCorps Seniors volunteers in RSVP in proper use of volunteer timesheets, reimbursement guidance, and the AmeriCorps Seniors RSVP procedures.
5. Provide the AmeriCorps Seniors RSVP orientation to the Station staff prior to placement of volunteers and at other times as needed.
6. Initiate publicity regarding AmeriCorps Seniors RSVP.
7. Furnish accident, personal liability, and excess automobile insurance coverage for enrolled volunteers required by the AmeriCorps Seniors RSVP 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 needs of volunteers and the Station.
9. Staff an Advisory Council to AmeriCorps Seniors RSVP. Along with the advisory council, arrange for appeals procedure to address problems arising between the volunteer, the Station and/or AmeriCorps Seniors RSVP.
10. Arrange for appropriate AmeriCorps Seniors RSVP recognition.
11. Coordinate with other volunteer and aging programs in the area to foster effective communication and avoid duplication.
12. Reimburse AmeriCorps Seniors volunteers in RSVP for transportation costs between their home and volunteer station in accordance with AmeriCorps Seniors RSVP 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 AmeriCorps Seniors volunteers in RSVP.
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 uniforms and photo I.D.
5. Provide supervision of volunteers on assignments. (Supervisor name and contact information on the next page.)
6. Provide volunteer assignment descriptions for each volunteer opportunity at the Station.
7. Provide for adequate safety of volunteers and submit an annual assurance upon request to INCA-RSVP.
8. Investigate and report any accidents and injuries involving AmeriCorps Seniors volunteers in RSVP immediately to INCA-RSVP. All reports shall be submitted in writing.
9. Specify, either by written information or verbally, that AmeriCorps Seniors volunteers in RSVP are participants in the Station's programming in publicity featuring such volunteers. Display an AmeriCorps Seniors 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 10th of the following month (Insurance coverage is only effective with verified records of hours served.)
 - Progress Reports: Stations are requested to complete a short bi-annual survey provided by AmeriCorps Seniors RSVP documenting the impacts of services provided by volunteers.
 - In-Kind Documentation: Provide documentation of in-kind contribution(s) (meals, uniforms, mileage reimbursement, training expenses) and verification to help AmeriCorps Seniors RSVP meet its local match of 30%.

OTHER PROVISIONS

1. **Separation from Volunteer Service:** The Station may request the removal of an AmeriCorps Seniors volunteers in RSVP at any time. An AmeriCorps Seniors volunteers in RSVP may withdraw from service at the Station or from AmeriCorps Seniors RSVP at any time. The AmeriCorps Seniors RSVP 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:** For in-home assignments, the Volunteer Station will obtain a Letter of Agreement signed by the person or persons legally responsible for the child served, the Volunteer Station liaison, and the AmeriCorps Seniors RSVP liaison authorizing the assignment of an AmeriCorps Seniors volunteers in RSVP in the child's home, defining the volunteer's activities, and specifying supervisory arrangements.
3. **Religious/Political Activities:** The Station will not request or assign AmeriCorps Seniors volunteers in RSVP to conduct or engage in religious, sectarian, or political activities.
4. **Displacement of Employees:** The Station will not assign AmeriCorps Seniors volunteers in RSVP to any assignment which would displace employed workers or impair existing contracts for services.
5. **Compensation:** Neither the station nor AmeriCorps Seniors RSVP will request or receive compensation from the beneficiaries of AmeriCorps Seniors volunteers in RSVP. AmeriCorps Seniors volunteers in RSVP will not receive a fee for service from beneficiaries.
6. **Accessibility and Reasonable Accommodation:** The Station will maintain the programs and activities to which AmeriCorps Seniors volunteers in RSVP 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 AmeriCorps Seniors volunteers in RSVP, service beneficiaries, or in the operation of its program on the basis of race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, 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 an AmeriCorps Seniors RSVP Station.

10. If meals are provided by the Station to AmeriCorps Seniors volunteers in RSVP, 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 AmeriCorps Seniors volunteers in RSVP 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. (AmeriCorps Seniors RSVP will utilize this information to meet its local in-kind match.)

VOLUNTEER SUPERVISOR [STATION STAFF]

Name:

Title:

Phone:

Email:

VOLUNTEER STATION PRIMARY TYPE

To qualify as an AmeriCorps Seniors RSVP 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:**

Date:

Project Director:

*[or other sponsor
designated representative]*

Date:

PLEASE RETURN THIS COMPLETED FORM TO: INCA-RSVP PO Box 68, Tishomingo, OK 73460
Please include a volunteer assignment description for each volunteer opportunity at the Station.

Thank you!