



RSVP and The Volunteer Center  
 6 Court Street, Rutland, VT 05701  
 802-775-8220 Fax# 802-775-8221  
 Email: [rsvprutlnd@aol.com](mailto:rsvprutlnd@aol.com)



**MEMORANDUM OF UNDERSTANDING (MOU)  
 between Rutland County RSVP/VC and:**

**Volunteer Station** \_\_\_\_\_ **email:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Town** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip code** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Contact:** \_\_\_\_\_

This is a statement of policies and regulations governing the placement and utilization of RSVP Volunteers with Volunteer Stations. It is the intention of this Memorandum of Understanding to promote cooperation, clarify responsibilities and define working relationships between RSVP and each Volunteer Station.

**GENERAL POLICY:** RSVP and the Volunteer Center is program for people of all ages who want to respond to clearly defined community needs through meaningful use of their skills and talents in volunteer service to non-profit organizations.

**ASSIGNMENTS:** Are developed by RSVP and Volunteer Station staff. The Station should submit to RSVP a WRITTEN description of the assignment in the **Request for Volunteers Form** which should clearly reflect the community need being addressed, the service (duties and responsibilities) required by the volunteer, the anticipated accomplishments, and the anticipated impact of the assignment.

**ORIENTATION AND TRAINING:** Will be provided to the Volunteers by the Volunteer Station.

**SCREENING & SUPERVISION:** Of Volunteers must be provided by the Volunteer Station along with provisions for adequate safety of Volunteers. Criminal Background checks and Reference checks are NOT done by 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.

**RECORDING OF VOLUNTEER HOURS:** Must be done on a monthly basis unless other arrangements have been made. Hours should be submitted to us by fax, U.S. mail or e-mail using the **Volunteer Hours Reporting Form**. Hours need not be submitted if the volunteer did not serve during the month.

**INSURANCE:** Personal liability, accident and excess automobile liability insurance coverage is provided free of charge by RSVP to Volunteers while on assignment. Volunteer Station must investigate and report accidents and injuries involving Volunteers to RSVP.

**CONSULTATION AND EVALUATION:** Is ongoing between RSVP and the Volunteer Station. RSVP staff may visit the Station at any time and may request data and feedback as to the impact of the volunteer serving at the station. RSVP will be responsive to requests and concerns of both the RSVP Volunteer and the Volunteer Station.

**TRANSFER AND/OR TERMINATION:** The Volunteer as well as the Volunteer Station can request a transfer or termination at any time if the volunteer assignment is not found satisfactory to either party. RSVP must be consulted.

**Direct and/or indirect Volunteer support Benefits**

The availability of direct and indirect support benefits can be critical elements affecting the success or failure of a volunteer program. It has been demonstrated that volunteers are more willing to participate in programs when arrangements are made to provide some assistance with meals, transportation, and/or public recognition. **If you provide any of the following please complete those sections that are applicable. If you do not, just skip this section and proceed to the Signature Section at the bottom of the page.** If you have any questions concerning this section please call our office at 775-8220.

**Direct Support: Check any that apply**

Transportation: - Reimbursed by Station: Yes \_\_\_\_\_ No \_\_\_\_\_  
- Amount: \_\_\_\_\_

Meals: - Reimbursed by Station: Yes \_\_\_\_\_ No \_\_\_\_\_  
- Amount: \_\_\_\_\_

Recognition: - Station will publicize work of RSVP Volunteers Yes \_\_\_\_\_ No \_\_\_\_\_  
- Station will conduct volunteer recognition Yes \_\_\_\_\_ No \_\_\_\_\_  
- Station will contribute to RSVP Annual Recognition Yes \_\_\_\_\_ No \_\_\_\_\_

**Indirect Support:**

In-Kind Donations: Of goods and/or services can be considered donations in support of the RSVP program, for example, paper or office products, volunteer recognition gifts, etc.

Donation/Budget item: \_\_\_\_\_ Amount: \_\_\_\_\_

Donation/Budget item: \_\_\_\_\_ Amount: \_\_\_\_\_

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**Signature Section**

**By signing this MOU, the Volunteer Station Representative certifies that the volunteer station is a public or non-profit organization or a proprietary health care agency and that our 501C-3 proof of non-profit status is available upon request. The Volunteer Station further verifies that it has a policy of non-discrimination regarding race, creed, color, national origin, sex, age, handicap or political affiliation. RSVP Volunteers will not replace or displace paid employees, impair existing contracts for service, or participate in sectarian or political activities.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Volunteer Station representative*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*Volunteer Station representative*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*RSVP Director or designated representative*