

City of Riverside, California
Human Resources Policy and Procedure Manual

Approved:

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Human Resources Director

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Number: 1-9 Effective Date: 07/06

SUBJECT: **REQUESTING VOLUNTEERS**

PURPOSE:

To establish a procedure for utilization of volunteers by City Departments.

DEFINITIONS:

A volunteer is a person who donates hours of service to the City for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered, except for reimbursement for expenses, reasonable benefits, and nominal fees, or a combination thereof. A person is not a volunteer if the person is otherwise employed by the City to perform the same type of services as those for which the person proposes to volunteer.

POLICY:

The Human Resources Department shall establish and maintain, as needed, lists of qualified volunteers to enable departments to complement their paid municipal labor force and to assist in the common purpose of accomplishing the established City of Riverside goals and objectives. Departments shall not request volunteers to substitute, supplement or replace any vacancy of paid municipal personnel.

As a complement to the paid municipal labor force, volunteers shall augment the labor supply by serving as additions to, or extensions of, existing personnel. The services of the volunteer shall enhance or facilitate service delivery.

Volunteer activities in municipal government shall include, but are not limited to: the participation of citizens in the direct delivery of service to others; citizen action groups; participation in self-help and mutual aid endeavors; and a broad range of informal helping activities. All departments are invited and encouraged to recruit potential volunteers for their divisions.

Departments wishing to complement their existing personnel or request the temporary assistance of a volunteer shall complete a Volunteer Request Form. An electronic e-mail message or memo is acceptable in lieu of a Volunteer Request Form, as long as the needs are specific; i.e., length of the project, skills required, days needed, and type of project.

Requests should be submitted at least one (1) week prior to the date needed. Departments are not required to accept any or all of the volunteers referred to the Department. All volunteers should be referred back to the Human Resources Department if the talents and skills of the volunteer will not work well for the department or the project. Municipal Volunteer Services shall then reassign the volunteer to another position that better suits the individual. The City is not required to designate any person as a volunteer.

Departments shall be responsible for identifying work space and ensuring necessary equipment and materials are available for the volunteer's work assignment. All volunteer supervisors are responsible for completing a Volunteer Agreement Form, providing an orientation and tour of the work area, and training of the volunteer. The Municipal Volunteer Coordinator shall send to the departments a copy of the Volunteer Profile Card identifying the name and pertinent information of the volunteer who will be filling the request. All volunteers under 18 years of age must have a parent/guardian signature on the Volunteer Profile Card and submit a Consent for Medical Form. Fingerprinting and background checks/Livescan for volunteers shall be coordinated with the Human Resources Department in accordance with Background and Reference Check Policy and Live Scan Policy.

In accordance with City Policy, volunteers are not eligible to drive City-leased or owned vehicles, with the exception of Police and Code Enforcement volunteers. In the event that the volunteer is required to drive his/her personal vehicle for performing an activity, the volunteer shall provide proof of insurance and obtain an addendum naming the City of Riverside as an additional insured. If a volunteer is involved in a non-injury motor vehicle accident in his/her own vehicle while performing his/her volunteer duties, the volunteer shall follow the same accident reporting procedures used by regular staff.

Accident and safety guidelines and procedures which apply to regular staff members shall also apply to volunteers. Policies prohibiting discrimination and harassment, and other standards of conduct which apply to regular staff members, shall apply to volunteers.

All volunteers shall be registered in the Human Resources Department and be covered through the City's Workers' Compensation Program. Utmost care should be taken to ensure that volunteers are not working in hazardous situations. It shall be the Department's responsibility to instruct volunteers in the proper use of tools and equipment. Volunteers have the same obligations as regular employees to cooperate with and follow the rules and regulations of the department and the City.

Departments shall be responsible for ensuring that all volunteers sign in and out on the Municipal Volunteer Time Sheet. Time sheets are to be submitted to the Human Resources Department no later than the 5th working day of each month. These records are required for monthly reports and Workers' Compensation claims. All Time Sheets are required to be signed by both the volunteer and the supervisor.

On completion of the volunteer's assignment, all departments shall forward an Evaluation Form for each volunteer who has assisted in the service delivery project. The evaluation will be used by the Human Resources Department as a tool to measure how the program is progressing and to identify if specific volunteers will be used for the same type of projects in the future.

Special One-time Group Volunteer Projects

The application process for special one-time group projects is different from the standard process. Each Department should submit a Special Project Summary Sheet which lists the name, address and telephone number of the volunteer along with their recorded time in and time out. Attached to the Special Project Summary shall be a signed Consent Form for minors of each underage participant.

PROCEDURE:

Responsibility	Action
Requesting Department	1. Prepares a Request for Volunteer Form and submits to the Human Resources Department.
Human Resources Department	2. Approves the request ensuring that the volunteer does not substitute, supplant or replace any paid municipal personnel.
Human Resources Department	3. Contacts requesting department to review applicants from existing volunteer list and refers potential candidates from screening criteria.
	<u>or</u>
	4. Recruits for a qualified candidate as needed. Forwards a copy of the Volunteer Profile Card to the Volunteer Supervisor and, if applicable, a copy of the Consent for Medical Form if volunteer is under the age of 18.
Requesting Department	5. Completes a Volunteer Agreement Form and forwards original to the Human Resources Department. Provides an orientation and tour of the work area, trains and introduces the volunteer to the work unit.
Requesting Department	6. Submits all Volunteer Time Sheets by the 5 th of each month.
Requesting Department	7. On completion of the volunteer's assignment, forwards an Evaluation to the Human Resources Department.

Attachments:

1. Request for Volunteer Form
2. Consent for Medical Form
3. Volunteer Profile Application
4. Volunteer Agreement Form
5. Volunteer Time Sheet Form
6. Evaluation Form

**CITY OF RIVERSIDE
MUNICIPAL VOLUNTEER PROGRAM**

Request for Volunteer Services

Please complete a separate form for each request.

Return to: Human Resources Department Volunteer Program

Department _____ Division _____

Address of Volunteer Assignment _____

Supervisor _____ # of volunteers requested _____

Description of volunteer assignment (be as detailed as possible) _____

of hours per week required by position _____ Length of assignment _____

Starting Date: _____

Please indicate the days and times volunteers will be needed:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start							
End							
Total							

Signature: _____ Phone _____ Date _____

**ACCIDENT / INJURY
AUTHORIZATION FORM TO CONSENT TO THE
MEDICAL / SURGICAL TREATMENT OF A MINOR**

Pursuant to California Family Code Sections 6902 and 6910, I the undersigned, parent and/or legal guardian of _____ whose date of birth is _____ do hereby authorize medical and/or surgical treatment by a State of California (hereinafter "State") licensed Medical Doctor (M.D.) and/or a State licensed hospital and/or a State licensed Hospital Emergency Room and/or a Private Practice Office operated by a State licensed Medical Doctor (M.D.), duly certified and licensed and/or their representatives as agent(s) for the undersigned to consent to any x-ray, laboratory, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed Medical Doctor (M.D.) per the provisions of the Medical Practice Act and who is on the staff of the accredited hospital, whether such diagnosis or treatment is rendered at the office of the treating physician or at an accredited hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority, consent and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his medical and surgical judgment may deem advisable.

In addition, you are authorized to release and/or to receive any and all medical records and/or related medical information pertaining to and/or aiding in the treatment rendered the Minor named above with regards to the Minor/Minor's Industrial Accident/Injury.

Dated: _____ Signed: _____
Parent or Legal Guardian

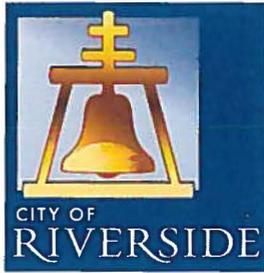
Dated: _____ Signed: _____
Witness Signature

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: _____



CITY OF RIVERSIDE MUNICIPAL VOLUNTEER PROGRAM

Human Resources Department
3780 Market Street
Riverside, CA 92501
(951) 826-5808
www.riversideca.gov

Dept/Div _____

Date Assigned _____

Date Terminated _____

Volunteer Profile

Please complete this profile in as much detail as possible so that a volunteer assignment can be made to match your needs, abilities and schedule. You will be contacted as volunteer assignments become available.

NAME _____ Student _____ Retired _____ Intern _____ Other _____
Please Print

ADDRESS _____
Number Street

Male Female

S.S. # _____

_____ City Zip Code

Phone _____

Home

Message

Do you have a valid California Driver's License?

Yes ___ DL# _____

___ No ___

Check the departments below in which you have an interest:

- | | | |
|--------------------|----------------------------|----------------------------|
| _____ Airport | _____ Fire | _____ Museum |
| _____ City Clerk | _____ General Services | _____ Parks and Recreation |
| _____ City Council | _____ Human Resources | _____ Planning |
| _____ City Manager | _____ Information Services | _____ Police |
| _____ Development | _____ Legal | _____ Public Utilities |
| _____ Finance | _____ Mayor's Office | _____ Public Works |

IN CASE OF EMERGENCY:

1. _____ PHONE # _____

2. _____ PHONE # _____

PHYSICIAN OR HOSPITAL TO CALL IN EMERGENCY:

_____ PHONE # _____

PLEASE PRINT – This information will be detached from your profile card and used for research and statistical purposes only.

YOUR NAME: (Last)	(First)	SOCIAL SECURITY NO: - -	
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<p>(M.I.)</p> <p>ETHNIC BACKGROUND: Choose the one (ONLY ONE) ethnic group with which you most closely identify yourself.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaskan Native</p>	<p>SEX:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>Age Group:</p> <p><input type="checkbox"/> Under 40</p> <p><input type="checkbox"/> Over 40</p>
<p>DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If there is any reasonable accommodation necessary, contact the Personnel Department at 826-5808.</p>	<p>How did you hear about the volunteer program (Circle One)?</p>	<p>Radio / TV Station Newspaper Magazine Other Personnel Office City Employee Job-Line Friend / Relative</p>

Briefly list work experience or volunteer experience: _____

List skills, hobbies or interests related to the volunteer work you desire: _____

List at least two (2) local references (employer, teacher, or neighbor):

1. _____

Name	Address	City/State/Zip	Phone
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2. _____

Name	Address	City/State/Zip	Phone
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3. _____

Name	Address	City/State/Zip	Phone
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Have you ever been convicted of a felony? (Conviction does not necessarily disqualify you for a volunteer assignment). _____ Yes _____ No

If yes, please list offense, date, city, and state: _____

Indicate languages other than English, which you speak fluently: _____

List below the times that you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Must be at least 14 years of age to volunteer.

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Signature of Volunteer _____

Date _____

Under 18 years of age must have Parent or Guardian Consent.

Parent or Guardian Signature _____

Date _____

**CITY OF RIVERSIDE
MUNICIPAL VOLUNTEER PROGRAM
VOLUNTEER'S EVALUATION OF ASSIGNMENT**

Your responses to the following inquiries would be appreciated. Completion of this form will assist the City in its implementation of the Volunteer Program. Please return this form to the Volunteer Program Coordinator, Human Resources Department.

Name: _____ Assignment: _____

Supervisor: _____ Length of Service: _____

Department: _____ Division: _____

Please describe your volunteer assignment(s) in this program: _____

1. Have the experiences in your volunteer assignment:
 - a. Met your expectations of the position? G Yes G No
 - b. Enabled you to use your skills and abilities? G Yes G No
 - c. Provided opportunities for you to learn new skills? G Yes G No
2. Do you feel that your services have been valued by the department, citizens, and others with whom you have come in contact? G Yes G No
3. Are you interested in future assignments? G Yes G No

Comments: _____

4. What did/do you like most about your volunteer assignment? _____

5. What did/do you like least about your volunteer assignment? _____

6. Do you have any suggestions for improving the volunteer program? _____

7. Other comments: _____

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