

TABLE OF CONTENTS

Section	Page
I. Policy	2
II. Authority	2
III. Supportive Data	2
IV. Definitions	3
V. Protocol	4
VI. Procedures	6
A. Volunteer Recruitment and Placement	6
B. Managing Volunteers	7
C. Recognizing Volunteers	9
D. Donations	9
E. Records and Forms	10
F. Monitoring and Reporting	11
G. Volunteer Forms	11
VII. Distribution List	12
VIII. History Notes	12
IX. Signature Block with Effective Date	12
X. Appendices	13

I. Policy

- A. The Department of Health (DOH or Department) encourages maximum volunteer participation to increase access to quality health care for the medically underserved and uninsured residents of Florida.
- B. This document describes the standards required to effectively and efficiently employ services of volunteers. It also provides policies and general guidance related to recruitment, eligibility determination, orientation, training, supervision, recognition, and the overall management of volunteers per Chapter 110, Florida Statutes. The policies and procedures included in this document apply to all Department of Health entities.

II. Authority

- A. Section 110.501, Florida Statutes, "Definition"
- B. Section 110.502, Florida Statutes, "Scope of act; status of volunteers"
- C. Section 110.503, Florida Statutes, "Responsibilities of the departments and agencies"
- D. Section 110.504, Florida Statutes, "Volunteer Benefits"
- E. Section 766.1115, Florida Statutes, "Access to Health Care Act"
- F. Section 768.28, Florida Statutes, "Waiver of Sovereign Immunity"
- G. Chapter 440, Florida Statutes, "Workers' Compensation"
- H. Florida Administrative Code rule 60L-33, "Appointment and Status"
- I. Florida Administrative Code rule 60L-33.006, "Volunteers"

III. Supportive Data

- A. DOHP 300-1, "DOH Training Policy"
- B. DOHP 60-5, "Background Screening Policy"
- C. DOHP 30-2, "Code of Ethics"
- D. DOHP 85-01, "Communications Policy"
- E. DOHP 56-74, "Finance and Accounting Donations/Other Accounting"

IV. Definitions

- A. **DOH Entity:** Any program directly administered by the Department of Health including county health departments, Children's Medical Services regional Area Offices, and central office divisions and offices.
- B. **Donations:** Money, material goods, or in-kind services donated for the benefit of individuals and communities served by the Department.
- C. **Eligibility and Referral Specialist:** A trained volunteer assigned to a community or faith-based medical facility who performs the eligibility determination and referral functions of the Department for the Volunteer Health Care Provider Program.
- D. **Local Volunteer Coordinator:** An employee assigned to coordinate overall responsibilities of Chapter 110, Florida Statutes, Volunteer Health Services within a DOH entity, and who reports volunteer data to the Regional Volunteer Coordinator.
- E. **Material Donor:** Any person who provides funds, materials, employment, or opportunities for clients of departments or agencies without monetary or material compensation.
- F. **Medical Reserve Corps (MRC):** A national network of local groups of volunteers committed to improving the health, safety, and resiliency of their communities.
- G. **Needs Assessment:** The process used to identify the Department's need for volunteers, material goods, and/or donations.
- H. **Occasional Service Volunteer:** Any person who offers to provide a one-time or occasional voluntary service.
- I. **Position Description:** A narrative statement that includes the volunteer's duties, job expectations, qualifications, responsibilities, and supervision.
- J. **Pre-event Volunteer:** An individual agreeing to volunteer for emergency duties prior to an emergency event is considered a pre-event volunteer. This would include the Medical Reserve Corps (MRC).
- K. **Program Manager of Volunteer Health Services:** An employee assigned to develop and coordinate overall responsibilities of Volunteer Health Services for the Department.
- L. **Regional Volunteer Coordinator:** An employee assigned to provide technical support regarding volunteer health service activities for DOH entities and clinics participating in the Volunteer Health Care Provider Program within a specified region.

- M. Regular Service Volunteer:** Any person engaged in specific voluntary health service activities on a continuous basis, such as licensed health care providers and persons who provide clerical and support services.
 - N. Volunteer:** Any person who of their own free will provides goods or services or conveys an interest in or otherwise consents to the use of real property, to any state department or agency, or nonprofit organization, with no monetary or material compensation.
 - O. Volunteer Group:** A group of individuals who may or may not be associated with a formal recognized group or organization, who volunteer for a one-time event or an event of short duration. Their volunteer services may be documented on the Volunteer Participation Roster (see Appendix D).
 - P. Volunteer Services Personnel:** Department employees who are responsible for the implementation, support, and operation of the Volunteer Health Services in DOH entities.
 - Q. Volunteer Supervisor:** Any paid employee or volunteer who supervises a volunteer.
 - R. Teen Volunteer:** An individual who is between 14 to 17 years of age, and volunteers for less than 40 hours per week with parental permission (see Appendix L). They cannot be supervised by a relative or work in areas where confidential or sensitive information is contained, used, or discussed.
- V. Protocol**
- A. Outcome:** Standardized procedures across DOH entities for managing volunteers per Chapter 110, Florida Statutes.
 - B. Personnel:**

 1. Directors/Administrators of DOH entities
 2. Program Manager of Volunteer Health Services
 3. Regional Volunteer Coordinators
 4. Local Volunteer Coordinators
 5. Volunteer Supervisors
 - C. Areas of Responsibility:**

 1. Each director/administrator of a DOH entity is responsible for ensuring the implementation of the policies and procedures within their respective areas through the assignment of responsibilities to a specific employee referred to as a local volunteer coordinator. The preferable location of the local volunteer

coordinator is in an administrative office which will allow access to all program areas.

2. The program manager is responsible for the development and coordination of policies and procedures for Volunteer Health Services including monitoring reports, conducting site visits, providing technical assistance, and compiling statewide data as required by the Department.
3. Regional volunteer coordinators are responsible for monitoring and reviewing files for quality assurance purposes. Technical assistance will be provided to local volunteer coordinators as requested. Regional volunteer coordinators will supervise volunteers associated with the Volunteer Health Care Provider Program and collect regional data for submission.
4. Local volunteer coordinators are responsible for the training, documentation, placement, and recognition of volunteers employed in their facility. They will accept and document donations presented to the Department, and they will prepare and submit reports to their regional volunteer coordinator on a quarterly and annual basis.
5. Volunteer supervisors are responsible for ensuring that volunteers are treated with the same respect as paid employees. They will train all volunteers for their assigned positions and provide supervision which will ensure an efficient and productive working environment.
6. The local MRC coordinators are responsible for the screening, training, and organizing of MRC volunteers. MRC coordinators utilize MRC volunteers to support routine public health activities, and to augment preparedness and response efforts.
7. Eligibility and Referral Specialists are responsible for determining eligibility and referring clients to the Volunteer Health Care Provider Program.
8. Each DOH entity or agency utilizing the services of volunteers is required to:
 - a. Take the actions that are necessary and appropriate to develop meaningful opportunities for volunteers involved in state-administered programs.
 - b. Comply with the uniform rules adopted by the Department of Management Services which govern the recruiting, screening, training, utilization, and supervision of volunteers.
 - c. Ensure that volunteers understand their duties and responsibilities.
 - d. Ensure a receptive climate for volunteers.
 - e. Provide for the recognition of volunteers who have offered continuous and outstanding service. Each entity using the services of volunteers is

authorized to incur expenditures not to exceed \$100 each, plus applicable taxes, for suitable framed certificates, plaques, or other tokens of recognition to honor, reward, and encourage volunteers.

- f. Recognize prior volunteer service as partial fulfillment of state employment requirements for training and experience pursuant to rules adopted by the Department of Management Services.

VI. Procedures

A. Volunteer Recruitment and Placement

1. **Needs Assessment:** The local volunteer coordinator will assist each entity or facility in assessing its need for goods and services and help to determine the feasibility of meeting those needs through volunteer resources.
2. **Position Description:** The local volunteer coordinator will develop a volunteer position description in accordance with the DOH entity or facility prior to a volunteer's start date.
3. **Recruitment:** The local volunteer coordinator has the overall responsibility for recruiting volunteers for that coordinator's DOH entity or facility.
4. **Application:** The local volunteer coordinator accepts, reviews, and processes all submitted Volunteer Enrollment Applications (see Appendix C). The license status of all health care providers must be verified prior to assigning the volunteer to a direct care position.
5. **Interview:** The local volunteer coordinator will interview each individual applicant to determine the appropriate placement and duties of the volunteer.
6. **Determination of Eligibility:** The local volunteer coordinator and the volunteer supervisor for that position must consider the protection and welfare of the individuals served by the Department when determining eligibility for a volunteer applicant. It is the responsibility of the volunteer supervisor, with input from the local volunteer coordinator, to determine whether an applicant is eligible for a specific position or activity.
7. **Screening:** Per the Department's policy, all volunteers are required to undergo and clear a Level 2 Background Screening prior to starting. This process is started through a Recruitment for Non-Employees Ticket in FLHealthDesk-HR. (Please refer to the Background Screening Policy for further information.) The local volunteer coordinator will ensure that appropriate screening is completed.

- a. All individual applicants, regardless of placement, must provide at least two personal references. These personal references should be interviewed by the volunteer's supervisor with responses documented in writing on the Volunteer Personal Reference Questionnaire (see Appendix E). These responses will then be kept in the volunteer's personnel file.
 - b. The local volunteer coordinator will verify the status of a volunteer health care professional's license, certificate, permit, or registration by searching the Department website and other relevant records for any disciplinary actions that may affect license status. If it is determined there are issues with a provider's license, certificate, permit, or registration, the director/administrator of the DOH entity will determine the eligibility of the potential volunteer.
8. **Orientation:** The local volunteer coordinator will arrange for an orientation for each volunteer. Upon completion of orientation, the local volunteer coordinator will document the completion date on the volunteer's enrollment application. The orientation must include, at a minimum, the following:
- a. Acquainting the volunteer with the Department's mission, information security policies, and general service areas, as well as the volunteer's roles and responsibilities.
 - b. Providing the volunteer with information about Volunteer benefits as outlined under section 110.504, Florida Statutes.
9. **Identification Badges:** If required by the DOH entity, the local volunteer coordinator will ensure that volunteers are issued a volunteer identification badge at the time of placement. The badge must specifically identify an individual as a volunteer. Preprinted volunteer identification badges should be a part of the local volunteer coordinator's emergency response plan.
10. **Placement:** Volunteers will be placed in a position after all required orientation, documentation, and training has been completed.

B. Managing Volunteers

1. **Tracking System:** The local volunteer coordinator has the responsibility to track volunteers using a system that includes the following information: assigned location, date activated, skill set, contact information, and any other information that will assist with locating the volunteer. Diligent documentation of skill sets, licenses, certifications, and assignment details are necessary to ensure volunteers are covered for liability and reimbursement purposes. Regional Coordinators will track Eligibility and Referral Specialists who are assigned to community and faith-based clinics.

2. **Training:** Volunteers and paid staff performing similar tasks will be given the same training opportunity. If required, after placement of a volunteer, the supervisor will provide training that enables the volunteer to perform the duties specified in the position description.
3. **Code of Ethics:** The same standards of conduct that apply to paid employees apply to a volunteer. All volunteers will receive a copy of the Code of Ethics (DOHP 30-2) or be given access to the document on the Department's intranet.
4. **Time Sheets:** Volunteer hours must be accurately documented and maintained as a permanent record. The Volunteer Time Sheet (see Appendix F), or equivalent, may be used to document a volunteer's hours of service. The supervisor should forward each volunteer's time sheet(s) to the local volunteer coordinator quarterly.
5. **Reassignment:** At the request of a volunteer or a volunteer's supervisor, or if assigned tasks have been completed or a position no longer needs to be filled, a volunteer may be assigned to another position or have their status changed to "inactive." The local volunteer coordinator will assist with the reassignment.
6. **Reactivation:** If a volunteer wishes to return after being inactive, and the volunteer was not terminated due to inappropriate behavior or unsatisfactory performance, a supervisor or local volunteer coordinator may reactivate the previously placed volunteer.
7. **Termination:** If termination occurs, the supervisor notifies the local volunteer coordinator and completes the Volunteer Notice of Termination (see Appendix G). If a volunteer is terminated from one position, the volunteer may still be eligible to fill another position within the Department. Approval to continue participation is at the discretion of the director/administrator of the DOH entity. Examples of reasons for termination include:
 1. The assigned activities are completed.
 2. A volunteer's performance is not satisfactory, and the supervisor concludes that consultation or additional training will not result in improved performance.
 3. A volunteer becomes unreliable.
 4. A volunteer violates a Department rule, regulation, policy, or other applicable state or federal law.
 5. A volunteer requests termination.

C. Recognizing Volunteers

1. **Publicity:** The local volunteer coordinator is responsible for ensuring the recognition of volunteers. Each DOH entity should recognize its volunteers on an annual basis or more often. Publicizing of volunteer accomplishments may be done through Department or commercial media resources. Communications with commercial media must be in accordance with the DOHP 85-01.
2. **Activities:** Activities for volunteer recognition may include awards programs, luncheons, banquets, and other types of recognition events. Funding for volunteer recognition events is not an authorized expenditure for DOH entities. Funding for these activities can come from outside sources.
3. **Awards:** Section 110.503(5), Florida Statutes, provides for awards for volunteers. The section authorizes the expenditure of up to \$100 for suitable framed certificates, plaques, and other tokens of recognition to honor, reward, and encourage volunteers. Securing funding for awards will be the responsibility of the sponsoring DOH entity.

D. Donations

1. **Responsibility:** Employees who are designated by a DOH entity to process donations are responsible for accepting, recording, and accounting for all donations. Donations must be managed in accordance with the IOP 56-74.
2. **Procurement:** The designated employees are authorized to procure donations from the community on behalf of Department clients and volunteers.
3. **Value:** The value of any donation is usually established by the donor. In cases where the donor does not assess the value, the designated staff determine the value.
4. **Documentation:** The designated employees are responsible for documenting all donations. Donors must be provided with a Volunteer Donor Receipt (see Appendix H); the donations, whether services or tangible goods or money, must be documented on the Volunteer Donation Log (see Appendix I).
5. **Utilization:** Disbursement of donations will be handled in a manner consistent with the needs of individuals and communities served by the Department. All disbursements/dispositions must be documented on the Volunteer Donation Log (see Appendix I), and records retained for three years. When donated items are not used locally, the items may be redistributed to the following entities:

- a. Other Department sites within the area
- b. Community nonprofit organizations assisting individuals served by DOH entities

E. Records and Forms: The local volunteer coordinator collects and maintains a file for each volunteer. Files will be maintained by the DOH entity for three years after the termination of a volunteer's participation.

1. Regular Service Volunteer: A file for an individual performing as a regular service volunteer must contain, at a minimum, the following items:

- a. Volunteer Enrollment Application (see Appendix C)
- b. Volunteer Position Description (see Appendix B)
- c. Two Volunteer Personal Reference Questionnaires (see Appendix E)
- d. Background screening documentation, as applicable, in accordance with DOHP 60-5
- e. Volunteer Time Sheet (see Appendix F) or an equivalent form
- f. Teen Volunteer Parental Consent (see Appendix L), required if the volunteer is a teen
- g. Any additional documentation requirements for the volunteer's position

2. Occasional Service Volunteer: Files for an occasional service volunteer must contain, at a minimum, the following items:

- a. Volunteer Enrollment Application (see Appendix C)
- b. Volunteer Position Description (see Appendix B)
- c. Volunteer Time Sheet (see Appendix F) or an equivalent form
- d. Volunteer Participation Roster (see Appendix D) for one-time events
Note: If a DOH entity uses multiple volunteers for a one-time event of short duration (e.g., health fairs, immunization clinics, or health screenings), the Volunteer Participation Roster may be used in lieu of the individual Volunteer Enrollment Applications (see Appendix D) . The Department employee or volunteer supervising the event will complete the roster form when it is chosen over individual forms. If an occasional service volunteer is designated as the supervisor of a one-

time or short duration event, that volunteer must complete the documentation required for a regular service volunteer.

- e. Other forms and information due to a specific need or policy applicable to the volunteer's position

F. Monitoring and Reporting

1. **Monitoring:** The local volunteer coordinator monitors the program by reviewing files, documenting data, and working as a liaison with the supervisors of volunteers.
2. **Reporting:** The local volunteer coordinator is responsible for maintaining documentation regarding volunteer services and the value of donated goods and services provided by Department volunteers.
 - a. The local volunteer coordinator summarizes in a quarterly report, the number of volunteers, the number of donated hours, and the value of donations. This report must be made available on request. An annual report of all activities donated by volunteers is provided to the regional volunteer coordinator by August 1 of each year. Quarterly and annual reports are documented on the Chapter 110 Volunteer Services Annual Report (see Appendix K).
 - b. The regional volunteer coordinator compiles annual data received from the local volunteer coordinators and reports all data and information as requested by the Volunteer Health Services Program Manager by September 1 of each year.

- G. Volunteer Forms:** Volunteer forms are approved in accordance with the policies and procedures of the Department, and they cannot be modified without approval of the Volunteer Health Services Program Manager. Some forms are optional and may be substituted by an equivalent local form, providing the local form contains, at a minimum, equivalent information. All forms can be reproduced locally or made available by either the regional volunteer coordinator or the Volunteer Health Services Office.

1. **Required Forms:**
 - a. Volunteer Needs Assessment Tool – DH 1144 (see Appendix A)
 - b. Volunteer Position Description – DH 1493 (see Appendix B)
 - c. Volunteer Enrollment Application – DH 1474 (see Appendix C)
 - d. Volunteer Participation Roster – DH 1494 (see Appendix D)
 - e. Volunteer Notice of Termination – DH 1498 (see Appendix G)

- f. Volunteer Donor Receipt – DH 1150 (see Appendix H)
- g. Volunteer Donation Log – DH 1499 (see Appendix I)
- h. Chapter 110 Volunteer Services Annual Report – DH 1478 (see Appendix K)
- i. Teen Volunteer Parental Consent – DH 1145 (see Appendix L)

2. Optional Forms (Equivalents Accepted):

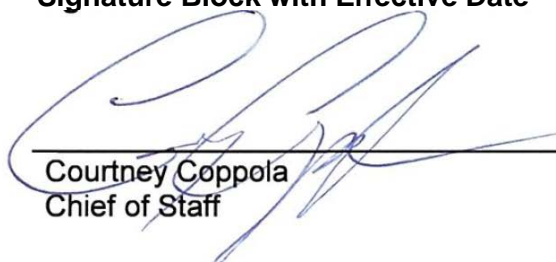
- a. Volunteer Personal Reference Questionnaire (see Appendix E)
- b. Volunteer Time Sheet – DH 1475 (see Appendix F)
- c. Volunteer Records Check (see Appendix J)

VII. Distribution List:

Deputies
Executive Office Directors
Division Directors
Bureau Chiefs
County Health Department Directors/Administrators
Children's Medical Services Medical Directors
Children's Medical Services Nursing Directors
Regional Volunteer Coordinators
Division Policy Coordinators
Policy Web Administrators

VIII. History Notes: This policy replaces and supersedes DOHP 380-7-18, Chapter 110 Volunteer Services dated 05/04/18.

IX. Signature Block with Effective Date



Courtney Coppola
Chief of Staff

11.18.20
Date

X. Appendices

Appendix A – Volunteer Needs Assessment Tool

Appendix B – Volunteer Position Description

Appendix C – Volunteer Enrollment Application

Appendix D – Volunteer Participation Roster

Appendix E – Volunteer Personal Reference Questionnaire

Appendix F – Volunteer Time Sheet

Appendix G – Volunteer Notice of Termination

Appendix H – Volunteer Donor Receipt

Appendix I – Volunteer Donation Log

Appendix J – Volunteer Records Check

Appendix K – Chapter 110 Volunteer Services Annual Report

Appendix L – Teen Volunteer Parental Consent



Appendix A – Volunteer Needs Assessment Tool

This tool is designed to help you identify program or facility needs and to consider how they may be met through volunteers. When completed, the CHD/CMS volunteer coordinator will assist you in determining how these needs may be met, partially or completely, through volunteers.

NAME: _____

PROGRAM/FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ SUNCOM: _____

Notwithstanding funding and staffing considerations, please answer the following questions. (Answers should be creative, yet realistic. Think in terms of specific tasks, length of activity, number of hours required, minimum skills necessary, etc.)

1. What services are you currently providing that you would like to expand upon?

2. What needs do your clients have that are not presently being met?

3. What needs do your staff have that could be met with volunteer assistance?



Appendix B – Volunteer Position Description

To be completed by requesting program, facility, or CHD/CMS volunteer coordinator.

DATE: _____ SUPERVISOR: _____

POSITION TITLE: _____

LOCATION OF POSITION: _____

TIME COMMITMENT: _____

DURATION OF POSITION: _____

DUTIES: _____

QUALIFICATIONS: _____

TRAINING: _____

WILL THIS POSITION REQUIRE BACKGROUND SCREENING? YES _____ NO _____

PROGRAM/FACILITY

ADDRESS

CITY

STATE

ZIP

Appendix C – Volunteer Enrollment Application



Name	(Last)	(First)	(Middle)
Mailing Address	City	State	Zip
Work Telephone	Home Telephone	Cell Phone	
Email	Emergency Contact	Telephone	

In what type of volunteer position are you interested? _____

List any professional license, registration, or certificate you currently possess (include license/certificate number): _____

List any special skills, interests, or hobbies: _____

List any special considerations or needs: _____

List two personal references not related to you whom you have known for more than one year:

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE ZIP	CITY/STATE ZIP
TELEPHONE	TELEPHONE

List your most recent volunteer or employment experience:

EMPLOYER	MAILING ADDRESS	TELEPHONE
JOB TITLE	DATES OF VOLUNTEER/EMPLOYMENT	

Specify the days and time frames you are available to volunteer:

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Appendix C – Volunteer Enrollment Application, continued

Have you ever been convicted of, or plead nolo contendere, to a driving or criminal offense?

Yes _____ No _____ If the answer is yes, please explain (including types of offenses and dates):

It shall be a misdemeanor of the first degree to fail to disclose (by false statement, misrepresentation, impersonations, or other fraudulent means), any material fact that would be used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the Department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered "no" to the criminal offense question on the front of this application, and a record should be obtained, it will prevent me from volunteering for the Department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the Department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as "privileged" and/or "confidential" will not be disclosed to anyone other than authorized personnel, and I shall conduct myself in accordance with the Department's security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

Signature

_____/_____/_____
Date

**INTERVIEWER'S COMMENTS
(For Agency Use Only)**

Date of Interview: ____/____/____

Interviewer's Name: _____

Appendix C – Volunteer Enrollment Application, continued

Screening Required: Yes _____ No _____ Date Screening Completed: _____

Date Orientation Completed: _____

<p>WORK ASSIGNMENT (For Agency Use Only)</p>

Program

Location

Supervisor

Date of Placement

Appendix D – Volunteer Participation Roster



It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.

Event, Program, or Project: _____

Date of Event: _____

Name of Participating Group/Organization: _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number: _____

Contact Person: _____

PARTICIPANTS

NAME (Please Print)	TELEPHONE NUMBER	LICENSE NUMBER

Date Trained on Responsibilities: _____

Date of License Verification: _____

Department of Health Supervisor's Signature: _____

Department of Health Supervisor's Name Printed: _____

Title: _____

Date: _____



Appendix E – Volunteer Personal Reference Questionnaire

Name of Volunteer/Intern Applicant

Date Completed

As required by section 110.503, Florida Statutes and Florida Administrative Code rule 60L-33.006, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer/intern services to clients of the Department of Health. Your name has been given to us as a personal reference, and we would appreciate your comments on the following questions.

1. How long have you known the applicant? _____
2. To your knowledge, has the applicant ever been convicted of a crime? _____
3. Do you consider him/her to be of good moral character? If no, please explain: _____

4. Do you know of any reason the applicant should not be trusted around children or persons with disabilities? _____ If yes, please explain: _____

5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? _____ If no, please explain: _____

6. Do you have additional comments concerning the applicant's character or reliability? _____

7. What is your relationship to the applicant? _____

Reference Signature

Name (please print)

Address

Telephone

City State Zip

Thank you for your time.

Upon completion, please return this form to: _____

Appendix F – Volunteer Time Sheet



Quarter: _____ Department of Health Entity: _____

Program/Facility: _____

Name: _____
(Last) (First) (Middle Initial)

DATE	TIME IN	TIME OUT	TOTAL HOURS		DATE	TIME IN	TIME OUT	TOTAL HOURS

TOTAL NUMBER OF HOURS WORKED: _____

SUPERVISOR'S SIGNATURE: _____

SUPERVISOR'S NAME PRINTED: _____



Appendix G – Volunteer Notice of Termination

This is to serve as official notice that _____,
(Name of Volunteer)
serving as a _____,
(Job Title)
as a volunteer for the _____ on _____
(Name of Program/Facility) (Date)

Reason for Termination: (circle one)

- A. Completed Assignment
- B. Resignation
- C. Unsatisfactory Performance
- D. Non-Compliance with Department Rules
- E. Other _____

(Signature of Volunteer's Supervisor)

COMMENTS: _____

COMMENTS
(For Volunteer Coordinator Use Only)

Please return this form to the CHD/CMS volunteer coordinator within seven (7) days of termination.

Appendix H – Volunteer Donor Receipt



DATE: _____ RECEIPT #: _____

NAME OF DONOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

ITEMS DONATED AND VALUE:

TOTAL VALUE: \$ _____

DONOR DISPOSITION REQUEST: _____

NAME OF PERSON ACCEPTING THE DONATION: _____

SIGNATURE OF PERSON ACCEPTING THE DONATION: _____

PROGRAM/FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ SUNCOM: _____

Please give a copy of this form to the CHD/CMS volunteer coordinator upon receipt.

Appendix I – Volunteer Donation Log



Month/Year: _____

Program/Facility: _____

Date Received	Donor's Name	Description of Donation	Assigned Value	Receipt Number	Receiving Person's Name and Program/Facility	Disposition



Appendix J – Volunteer Records Check

I, _____, hereby grant
Print Full Name: First Middle Last (Maiden, if applicable)

permission to the Department of Health to obtain information from local and state law enforcement agencies to help determine my suitability to serve as a Department of Health volunteer. I understand that if the records check shows any violations committed, or other information about my background that would indicate unsuitability or a risk, I may not be accepted into the Department of Health Volunteer Program.

Social Security Number

Date of Birth

Race/Sex

Complete Address City State Zip

Signature

Date

Appendix K – Chapter 110 Volunteer Services Annual Report



DEPARTMENT OF HEALTH Program/Facility: _____

ADDRESS, CITY, STATE & ZIP: _____

QUARTER: _____

FISCAL YEAR: _____

(July 1 – June 30)

		A	B	C	
TOTAL NUMBER OF INDIVIDUAL VOLUNTEERS	TOTAL NUMBER OF VOLUNTEER HOURS	VALUE OF NON-LICENSED VOLUNTEERS (\$20.25/hr)	VALUE OF LICENSED PROFESSIONAL VOLUNTEERS (*Varies)	VALUE OF DONATIONS	TOTAL VALUE OF SERVICES, AND DONATIONS (A+B+ C =)

* Value of Licensed Professional Volunteer Service should be based on the standard fee for services charged for that professional category as listed below.

Physicians	\$250.00/hr at clinic	ARNPs/PAs	\$ 75.00/hr	Respiratory Therapists	\$ 40.00/hr
Dentists	\$200.00/hr	RNs	\$ 35.00/hr	Pharmacists	\$ 50.00/hr
Chiropractors	\$ 90.00/hr	LPNs	\$ 25.00/hr	Clinical Social Workers	\$ 50.00/hr
Optometrists	\$ 50.00/hr				
Dental Technicians, Medical Technicians, HIV Counselors, Support staff, etc. \$ 23.07					



Appendix L – Teen Volunteer Parental Consent

I, _____, grant permission for my child,
Print Parent or Guardian's Name

_____, to work as a volunteer for the
Print Minor's Name

Department of Health. I understand my child will be directly supervised by Department of Health staff and will work less than 40 hours per week. In case of emergency, please contact:

Name: _____ Relationship: _____

Address: _____

City, State, and Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____

Signature of Parent or Guardian

Date