

County of Alameda

Non-Disaster Service Worker Volunteer Guidelines

1. Purpose

The Non-Disaster Service Worker Volunteer Guidelines is designed to assist County departments in managing risks associated with the use of volunteers in County programs.

2. Scope

These guidelines apply to all County of Alameda volunteers as defined in section 3.

3. Definition of Volunteer

Volunteers are defined as persons rendering service to departments where:

- The department has control and direct supervisory responsibility over the manner and the result of the services rendered AND;
- The volunteer receives no remuneration for such services other than meals, transportation, lodging, or reimbursement for incidental expenses AND;
- The volunteer does not belong to any of the following categories:
 - The individual receives remuneration from a non-County payroll to provide volunteer services to the County.
 - The individual is sponsored by an outside agency and provides services through that sponsoring agency. Example: Red Cross volunteers
 - Guests of the County of Alameda. Example: casual visitors
 - The individual is acting as a registered Disaster Service Worker (DSW). Example: Registered DSW filling sandbags in preparation for a flood. For information on DSW Volunteer Policies, please visit the California Emergency Management Agency website at <http://www.calema.ca.gov/PlanningandPreparedness/Pages/Disaster-Service-Worker-Volunteer-Program.aspx>

4. Volunteer Program Procedures

a. Recruitment

Volunteers shall be recruited without regard to race, color, national origin, gender, age, marital status, sexual preference, and/or disability.

b. Application

- All potential volunteers are to complete a Volunteer Application (Appendix C-1).
- If the potential volunteer is a minor, he/she must also submit a signed Parental / Guardian Consent form (Appendix C-2).
- The original application is to be forwarded to your department's designated Volunteer Coordinator for processing.

c. Screening

- All potential volunteers will have a background check done by your department's HR. Volunteer positions may require additional screening in accordance with departmental policies and procedures. These may include, but are not limited to fingerprinting, medical clearance, and drug & alcohol clearance.
- The cost of screening shall be borne by the department where the volunteer would be serving.

d. Job Description and Risk Assessment

- The department is to complete a Volunteer Job Description (Appendix A) for each position and a Volunteer Job Risk Assessment (Appendix B)
- Once an individual has been accepted as a volunteer, he/she will sign and receive a copy of the Volunteer Job Description and the Volunteer Job Risk Assessment. Both original, signed forms are to be forwarded to your department's HR upon completion.

e. Selection and Appointment

- Each potential volunteer will have an interview with the department in which he/she is considering volunteering. In addition to the interview, the department may conduct reference checks with the names given by the potential volunteer at the time of application (Appendix C-1 or C-2).
- Once a potential volunteer has been interviewed and reference checks have been completed, the department may choose to accept or decline a potential volunteer's services. A volunteer may not commence work until all signed forms are received and background checks and training have been completed.
- If a department declines the service of a potential volunteer, the department is to notify your department's HR who will then notify the potential volunteer that the department is unable to use his/her services.

f. Fingerprinting (Live Scan) and Background Checks

- The department may require some volunteers be fingerprinted in accordance with its policies and procedures. These potential volunteers have the right to refuse to be fingerprinted. However, those potential volunteers who exercise this right will not be allowed to volunteer for the department where such is required.
- Department representatives are to give a Fingerprint Scan Request (Live Scan Request) to volunteers for whom fingerprinting is mandatory. The department will then set an appointment for fingerprinting with the Alameda County Sheriff's Office. The volunteer may not begin its volunteer position until the result has been received and the individual has been cleared.

g. Volunteer Driving

- Volunteer duties that require driving should be limited to only essential volunteer duties. If driving is required, the volunteer should complete the Non-Disaster Service Workers Volunteer Driving Agreement (Appendix E).
- County vehicles should be used by volunteers for County related business. If an incident occurs while the volunteer is driving a County-owned vehicle, the County of Alameda will be responsible for all property damage and bodily injury.
- Volunteers should be discouraged from using their personal vehicle. If an incident occurs while the volunteer is driving his/her personal vehicle, the insurance carried by the volunteer is deemed primary and is primary for all coverage including, but not limited to, collision, comprehensive, property damage and bodily injury. The County may consider coverage in excess of the volunteer's liability limits.

The personal automobile policy liability coverage limits for volunteers should be at least \$100,000/\$300,000/\$100,000 (\$100,000 bodily injury limit per person, \$300,000 bodily injury limit per accident, and \$100,000 property damage). However, due to the department's desire to maintain a productive volunteer workforce, the department may adopt lower limits based on its risk assessment for that position. The coverage limits shall not be less than the statutory requirement (currently \$15,000/\$30,000/\$5,000 as of January 2022).

- The volunteer shall possess a valid California driver license with a classification consistent with the vehicle(s) to be driven. A temporary driver license is not sufficient. No volunteer whose driver's license has been restricted, revoked, or suspended may operate a County-owned vehicle or perform volunteer services with their private vehicle. If, during the course of volunteering, the driver license becomes restricted, revoked, or suspended, or if there is activity that warrants concern, the volunteer will not be able to drive in the course of volunteering until these conditions and concerns have been corrected.

Volunteers who drive personal vehicles during the course of their volunteering are also required to provide current proof of insurance for his/her vehicle. The direct supervisor is to obtain a copy of the volunteer's driver license and, if applicable, proof of auto insurance upon assignment and annually thereafter.

- Volunteers will be included in the department's DMV Employer Pull Notice (EPN) Program. The State of California Authorization for Release of Driver Record Information form, <http://www.dmv.ca.gov/forms/epn/inf1101.pdf> will be utilized for all drivers in the EPN program. The authorization signed by the volunteer is to be sent to the Risk Management Unit (RMU) for processing.
- Management reserves the right to cancel a volunteer's driving privilege at any time without prior notification.

h. Supervision of Volunteers

Each volunteer must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor shall be responsible for the day-to-day management and guidance of the work of the volunteer and shall be available to the volunteer for consultation and assistance. An adult must supervise volunteers under the age of eighteen (18).

i. Orientation and Training

Once a volunteer has been selected, he/she will participate in a department-sponsored orientation program designed to inform volunteers about the County and Department policies, procedures, programs, and regulations. This informative session is designed to assist the volunteer in their new role as a volunteer. The volunteer will also be provided with on-the-job orientation and training by his/her supervisor on specific job tasks and safety concerns. This shall be documented in a manner consistent with existing department's policies and procedures.

j. Volunteer Schedules

Volunteer schedules are diverse and varied depending on the needs of the department. The schedules are flexible and may vary depending on the job that is being done. Volunteers should work with their supervisor to set a schedule that is mutually acceptable. If a volunteer cannot make it to their assignment on a scheduled day, the volunteer should notify his/her job supervisor as soon as possible prior to the start of the work day.

k. Reports

The department, not later than the 15th day of each month, shall complete a Volunteer Monthly Report (Appendix D) for the preceding month showing the total number of volunteer workers who performed services in that month, the total number of hours of such services, the number of new volunteer workers enrolled during the month and the number of volunteers terminated. The report shall be maintained by your department's HR for a minimum of three years from date of service.

l. Safety

- Each volunteer is included in the County of Alameda RMU Safety program. This means that before volunteers begin their service, the direct supervisor is responsible for informing the volunteer of safe work practices, as required for employees. This process shall be documented consistent with department's policies and procedures. Safety material and training on various subjects are available through the RMU. Please contact Sean Mullen, Risk Safety-Analyst, at (510) 272-6045, tie line 2-6045.
- Every volunteer shall be capable of safely completing the assignment. This shall be determined through the application/interview process.
- Volunteers must notify their job supervisor of any equipment problem or situation that may pose a safety hazard.
- Any injury to the volunteer or losses to any third party must be reported and processed in accordance with existing department's policies and procedures.

m. Injury of a Volunteer

The County of Alameda provides for treatment of injuries incurred by volunteers during the course and scope of their volunteering duties as follow:

- If the injury is life threatening, call 9-1-1 immediately.
- If the injury is not life-threatening, the volunteer should notify the job supervisor and/or your department's HR. The volunteer should then be directed to their health insurance provider's nearest medical facility.
- If the injured volunteer is a minor, the direct supervisor or your department's HR shall contact the parent/guardian immediately.

The immediate supervisor should then complete a Volunteer Incident Report form (Appendix F) and forward it to the RMU as soon as possible. The volunteer's personal health insurance policy is primary. Volunteers are covered under the RMU Volunteer Injury program for medical costs only. The RMU will reimburse the injured volunteer for any out-of-pocket medical expenses up to \$10,000 per incident. Please contact the RMU for more details at (510) 272-6920, tie-line 2-6920.

Some volunteers, through a Board Resolution, are covered under the County's Workers' Compensation Program. These volunteers are: Sheriff Reserves, Firefighter Reserves, and Search and Rescue Workers. Should one of these volunteers sustain an injury, the immediate supervisor must complete a 5020, Employer's Report of Occupation Injury or Illness, and the volunteer must complete a DWC-1, Workers' Compensation Claim Form. Both forms shall be forwarded to the County's Workers' Compensation Third Party Administrator.

n. Recordkeeping

All records regarding volunteer service shall be maintained for a duration that is in accordance with the department's recordkeeping policies. Attendance records shall be maintained for a minimum of three years.

o. Recognition

Recognition is not just a way of saying "Thank You", but a response to individual interest and reasons for being involved. Recognition of volunteers takes many different forms and should be in accordance with the department's policies and procedures.

p. Gifts

As a general rule, volunteers should be discouraged from accepting gifts from the public.

q. Release of Volunteers from Service

The department reserves the right to release a volunteer from service without prior notification. The department may release a volunteer for, but not limited to, any of the following reasons:

- A volunteer does not adhere to the department rules, policies, and procedures.
- A volunteer fails to perform their assignments satisfactorily.
- The assignment has been completed.

In addition, if a department believes that a volunteer's behavior warrants immediate release, it has that right to request that he/she leave immediately.

r. Confidentiality

A volunteer may, through his/her work and position, gain confidential information about the department, its clients, and activities. The volunteer is expected to maintain this confidentiality.

s. Reimbursement

Volunteers may be reimbursed for authorized out-of-pocket expenses incurred through their volunteer assignment.

t. Conflict of Interest

The department should avoid situations where a volunteer has a conflict of interest with any activity or program of the agency/department, whether it is personal, philosophical, or financial.

u. Financial Gain

Volunteers should not use their position at the department to further the manufacture, distribution, promotion, or sale of any material product or service in which they have a direct or indirect financial interest.

v. Harassment

The County seeks to maintain a workplace free from harassment and intimidation of any employee or volunteer by co-workers, management, or clients. Harassment by any volunteer or other volunteers, employees or clients pertaining to gender, national origin, physical handicap, race, color, religion, age, sexual orientation, veteran status, or marital status will not be tolerated.

This prohibition also pertains to sexual harassment, which includes unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical contact of any sexual nature.

w. Workplace Violence Prevention Policy

The County takes the issue of workplace violence very seriously. For this reason, conduct which is prohibited includes, but is not limited to, violence, direct or indirect threats of violence, intimidation, physical fighting or unauthorized use or possession of weapons. All volunteers must read and sign the County's Workplace Violence Prevention Policy. The signed policy should be sent to your department's HR and maintained in accordance with department's policies and procedures.

Appendix A
Non-Disaster Service Worker Volunteer Job Description

Department/Division/Program:

Position Title:

Reports to:

This position requires:

- ☐ Driver's License ☐ Fingerprinting
☐ Use of County of Alameda vehicles to perform task
☐ Use of private vehicle to perform task
-

Purpose/Goal of Position:

Qualifications/Skills/Certifications Needed:

- 1.
 - 2.
 - 3.
 - 4.
-

Duties/Responsibilities:

- 1.
 - 2.
 - 3.
 - 4.
-

Time Commitment:

Length (months):

Days per week:

Hours per day:

Or month:

Training Provided:

Worksite Name/Location:

Phone:

Contact for More Information:

Phone:

(Volunteer Signature)

(Date)

(Supervisor Signature)

(Date)

Send to: Designated Department Volunteer Coordinator

Appendix B

Non-Disaster Service Worker Volunteer Job Risk Assessment

Volunteer Job/Task: _____ **Department:** _____
Work Location: _____ **Assessment Date:** _____
Driver License Required? Yes ___ No ___ **Required to lift 25+ lbs. repeatedly?** Yes ___ No ___
Minimum Age (specify): _____

Check left column to show potential hazards of this volunteer position

Outdoor Hazard Source	Personal Protective Measures Required	Necessary Training
Bites: snakes, dogs, insects	Protective clothing, footwear, gloves	Hazard specific training
Heat Stress: heat stroke, exhaustion, or dehydration	Ventilation, heat resistant clothing, water to replenish lost fluids	Recognition of heat stress signs
Sun Exposure: skin cancer or vision damage	Sunscreen, brimmed hat, ultraviolet eye protection and protective clothing	Sun hazard awareness
Driving: injury to vehicle occupants from collision	Seat belts	Defensive driving
Traffic: injury to workers from motor vehicle traffic or heavy equipment	Proper footwear, hard hat or eye protection, orange safety vest, traffic cones, signs, and flares	Traffic control, working around heavy equipment
Indoor Hazard Source	Personal Protective Measures Required	Necessary Training
Office Equipment: paper cutters, shredders, file cabinets, computer screens or keyboards	Proper footwear and clothing for office	Safe operations specific to equipment, RMI prevention
Indoor or Outdoor Hazard Source	Personal Protective Measures Required	Necessary Training
Hand Tools: powered or unpowered	Proper footwear, clothing, and eye protection	Safe hand tool use, RMI prevention
Footing Traction: slippery, uneven, or unstable walking surfaces/terrain	Proper footwear	Slips, trips, and falls protection
Ladders: freestanding or fixed	Proper footwear, safety tie offs, bracing	Ladder safety
Elevated work surfaces: falls from height	Fall protection, proper footwear	Slips, trips, and falls
Noise: noise from machinery/equipment	Hearing protection	Hearing conservation
Body Position/Leverage: strenuous or repetitive lifting, carrying, or pulling	Back brace, lifting and carrying aids such as hand trucks, dollies, or slings	Safe lifting and carrying, back safety awareness
Regulated Hazard Source	Personal Protective Measures Required	Necessary Training
Chemicals: gases, vapors, or liquids which when inhaled, ingested, or touched can cause injury of illness	Protective clothing, gloves, glasses/goggles, if indicated, appropriate respirator	MSDS, fire extinguisher, chemical specific handling, hazardous materials training
Biowaste: bodily fluids or OPIM	Gloves, face, and eye protection	Bloodborne pathogen training

Additional Hazards: _____

Volunteer Signature **Date**

Signature of Parent/Guardian if Volunteer is a minor

 (Supervisor Signature) (Date)
 Send to: Designated Department Volunteer Coordinator

Appendix C-1
Non-Disaster Service Worker Volunteer Application

PLEASE PRINT

Applicant Name:

(Last)

(First)

(MI)

Volunteer Position:

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

For volunteers under the age of 18, please provide:

Guardian Name:

(Last)

(First)

(MI)

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

Explain why you are interested in this position or what type of positions you are interested in:

List all experience and/or skills that you have in relation to the volunteer position you are applying for:

Please provide three non-related personal references:

(Name)	(Title/Relationship)	(Address)	(Phone Number)
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(Name)	(Title/Relationship)	(Address)	(Phone Number)
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(Name)	(Title/Relationship)	(Address)	(Phone Number)
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What times of the day are you most available to volunteer?

Monday: a.m. _____ p.m. _____ Wednesday: a.m. _____ p.m. _____ Friday: a.m. _____ p.m. _____
Tuesday: a.m. _____ p.m. _____ Thursday: a.m. _____ p.m. _____ Saturday: a.m. _____ p.m. _____

Do you have any health limitations that may restrict your performance of assigned duties?

Yes _____ No _____

Please Explain: _____

I have been informed of the various responsibilities placed on a volunteer and I have accepted them. I understand that in performing these volunteer services, I may be exposed to risk of physical or mental injury, death, or damage to my property. In return for any benefits provided by the County of Alameda in connection with making these volunteer opportunities available, and to the fullest extent provided by law, I hereby waive and release any right or claim on my behalf and on behalf of my spouse, heirs, representatives, and assignees against the County of Alameda, its elected officials, officers, agents, employees or volunteers ("Released Parties") for injury, death, or property damage arising from my volunteer services including any injury, death or property damage caused by the ordinary negligence of the Released Parties.

(Volunteer Applicant Signature)

(Date)

(Parent / Guardian Signature if applicant is under 18 years old) (Date)

Medical Insurance Company & Policy #: _____

Emergency contact name & telephone number: _____

California Driver License #: _____

Send to: Designated Department Volunteer Coordinator

Appendix C-2
County of Alameda
Non-Disaster Service Worker Volunteer Program
Parent/Guardian Consent Form

Name of Minor: _____

Address: _____

Birthdate: _____

Volunteer Activity: _____

The above person, a minor, desires to perform volunteer services for the County of Alameda,
_____ (name of department) in accordance with the attached application form.

As parent / guardian of this minor, I have reviewed the volunteer job description, risk assessment, and registration forms. I hereby grant permission for him/her to participate in the volunteer program subject to the terms and conditions expressed herein.

My child does not have any physical or medical problems which would prohibit or limit his/her participation in the volunteer program, except:

In case of an emergency, please call (name & phone #): _____

Signature of Parent / Guardian

Date

Send to: Designated Department Volunteer Coordinator

Appendix D
Non-Disaster Service Worker
Volunteer Monthly Report

Department Name: _____
Department Head: _____
Month/Year of Report: _____

Complete for all department volunteers:

Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
Name: _____	Hours Volunteered: _____
	Total: _____

Volunteers new to the department for the month of _____

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Volunteers leaving the department for the month of _____

Name: _____
Name: _____
Name: _____
Name: _____

(Department Head Signature)

(Date)

Send to: Designated Department Volunteer Coordinator

Appendix E
Non-Disaster Service Worker Volunteer
Driving Agreement

As a County of Alameda volunteer authorized to use my personal vehicle or a County vehicle to conduct County business, I agree to the following terms and conditions:

1. I possess a valid California driver license.
2. If my license is restricted, revoked, or suspended, I will report it immediately to my immediate supervisor. I will not operate a motor vehicle while my license is restricted, revoked, or suspended.
3. If authorized to drive a County vehicle, I am responsible for wearing my seat belt at all times while the vehicle is in motion. I am also responsible for ensuring that authorized passengers are wearing a seat belt.
4. I will drive my personal vehicle or County vehicle in a safe and courteous manner and follow all vehicle laws including not using handheld electronic devices.
5. I am responsible for reporting any malfunction of a County vehicle to the GSA Motor Vehicle Department or to my immediate supervisor.
6. I am only authorized to transport people in a County vehicle when such transportation is authorized by my supervisor to conduct County business.
7. I agree to participate in the County's Employer Pull Notice program.

Signature

Date

Print Name

California Driver License #

Send to: Designated Department Volunteer Coordinator

APPENDIX F: VOLUNTEER INCIDENT REPORT FORM

Volunteers must complete this form whenever they sustain a volunteer-related injury or illness. This ensures that there is a record of the incident and helps the County of Alameda provide a safe work environment. In filing this form you are not filing a workers' compensation claim. The County will provide "First-Aid" treatment which may include any initial visit to the medical provider, minor treatment and diagnostics, and follow-up visit. If your physician indicates that your injury requires medical treatment beyond first-aid or certifies disability beyond your volunteer-shift at the time of injury or illness, you will need to seek treatment through your personal health insurance plan.

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR DESIGNATED DEPARTMENT VOLUNTEER COORDINATOR

VOLUNTEER NAME (PLEASE PRINT)		LAST 4 DIGITS OF SSN		WORK PHONE	HOME PHONE
HOME STREET ADDRESS					
CITY, STATE, ZIP CODE		OCCUPATION/JOB TITLE			
DEPARTMENT NAME		SUPERVISOR NAME (PLEASE PRINT)			SUPERVISOR PHONE
DO YOU HAVE OTHER EMPLOYMENT?		IF YES, WHERE?			
DATE OF INCIDENT	TIME OF INCIDENT	TIME BEGAN WORK	TIME STOPPED WORK	FINISHED SHIFT? __ YES __ NO	
LOCATION OF INCIDENT (ADDRESS, BUILDING NAME, ROOM NUMBER, CITY, STATE, ZIP):				ON COUNTY PROPERTY? __ YES __ NO	
HOW DID THE INCIDENT OCCUR? DESCRIBE THE ACTIVITY, TOOLS/ EQUIPMENT AND/OR MATERIAL USED (Example: I was opening a box of paper using an X-acto knife. The knife slipped on the surface of the box, and cut the skin of my right index finger):					
LIST THE BODY PART(S) INJURED AND TYPE OF INJURY (Example: Skin cut on right index finger.):					
HOW DO YOU THINK THIS TYPE OF INCIDENT CAN BE PREVENTED? (Example: By wearing protective gloves while using X-acto knife.):					
INCIDENT REPORTED? __ YES __ NO		IF YES, TO WHOM DID YOU REPORT IT?			DATE REPORTED
WITNESSES? __ YES __ NO		IF YES, WITNESS #1 (NAME & PHONE)		WITNESS #2 (NAME & PHONE)	
IS THIS A NEW INJURY? __ YES __ NO		IF NO, PLEASE DESCRIBE THE ORIGINAL INJURY:		DATE OF ORIGINAL INJURY	
DID YOU RECEIVE TREATMENT?					
☐ Reporting Only ☐ I declined treatment at the time ☐ Treatment was provided ☐ Treatment will be provided or sought					
IF YOU RECEIVED TREATMENT, WHO PROVIDED IT?					
PROVIDER NAME		ADDRESS			PHONE
DESCRIBE THE TREATMENT PROVIDED (Example: Cut was washed; antiseptic and bandages were applied.):					
DID THE PROVIDER CERTIFY YOU FOR DISABILITY BEYOND THE WORK-SHIFT? __ YES __ NO If certified for disability beyond the work-shift please attach a copy of the Certification				HAS THE PROVIDER RELEASED YOU FROM CARE? __ YES: Released __ NO: I will return for follow-up	
By signing this form, the volunteer certifies that the information provided is true to the best of his/her knowledge.		VOLUNTEER SIGNATURE		DATE SIGNED	