A9.041 UTILIZATION OF VOLUNTEER SERVICES AT THE UNIVERSITY OF HAWAI‘I

1. Purpose

To promulgate procedures for the utilization of volunteer services in accordance with Chapter 90, Hawai‘i Revised Statutes (H.R.S.), State Policy Concerning the Utilization of Volunteer Services.

2. Objective

To set forth the status of volunteers, rights, responsibilities and expectations in volunteer relationships and volunteer benefits.

3. Applicability/Responsibility

These guidelines and procedures apply to all volunteer services provided to the University of Hawai‘i. For their respective offices, the Senior Vice Presidents and Chancellors, Senior Vice Presidents, Vice Presidents and the System Director of the Office of Human Resources for the Office of the President shall be responsible for ensuring implementation of the volunteer service program in conformance with established procedures. Senior Vice Presidents and Chancellors for University of Hawai‘i at Hilo and West Oahu and Community Colleges and the Senior Vice President and Executive Vice Chancellor for Manoa shall as they deem necessary institute appropriate campus-wide policies and procedures to supplement this administrative procedure.

4. Reference

Chapter 90, H.R.S., State Policy Concerning the Utilization of Volunteer Services.

Chapter 90, H.R.S., states that the purpose of this Chapter is to foster the continuing development of volunteer programs in state government based on the following premises:
a. That every citizen regardless of his present economic condition, race, color, ancestry, political affiliation, religious affiliation, sex, age, physical or mental handicap, or marital status has the right to volunteer;

b. The volunteers supplement but do not compete with nor supplant paid jobs;

c. That volunteers provide an extra source of caring that cannot be evaluated in monetary or material terms.

d. That volunteering provides citizens with an opportunity to be responsive to and to support the state government.

5. Definitions

a. The term “office” means the Office of the President, Offices of the Senior Vice Presidents and Offices of the Vice Presidents.

b. The term “person” means any individual or organization.

c. The term “volunteer” means any person, who of his/her own free will, provides goods or services to any agency with no monetary or material gain and includes material donors, occasional-service, regular-service, and stipended volunteers.

d. “Material donor” means any person who of his/her own free will provides funds or materials to an agency.

e. “Occasional-service volunteer” means any person who offers to provide a one-time on call or single task service to an agency without receipt of any compensation, except as provided in this chapter.

f. “Regular-service volunteer” means any person engaged in specific volunteer service activities on an ongoing or continuous basis to an agency without receipt of any compensation, except as provided in this chapter.

g. “Stipended volunteer” means any person who by receiving a support allowance is then able to provide voluntary service to any agency. The allowance may be for food, lodging, or other personal living expenses and does not reflect compensation for work performed.
6. Status of Volunteers

a. Any office may recruit, screen, train and accept the services of volunteers.

b. No person shall be excluded from participation in or be denied benefits of, any volunteer program or volunteer activity on the basis of sex, age, race, color, ancestry, religion, sexual orientation, national origin, marital status, physical or mental handicap, or political affiliation. However, volunteers may be screened and placed in appropriate volunteer roles.

c. Volunteers recruited, trained, or accepted by an office shall be excluded from any provision of law relating to state employment, collective bargaining agreement between the state and any employees’ association or union, law relating to hours of work, rates of compensation, leaves and employee benefits.

d. An office may reimburse volunteers for expenses, consistent with the provision of section 7 as deemed necessary to assist volunteers in performing their services.

7. Rights, Responsibilities and Expectations in Volunteer Relationships

a. Every person regardless of his/her present economic condition, race, color, ancestry, sexual orientation, political affiliation, religious affiliation, sex, age, physical or mental handicap, or marital status has the right to volunteer his/her services to an office. An office has the right to decline any voluntary offer of services; or, if accepted, to subsequently release the volunteer who is no longer needed or who is found to be unacceptable.

b. A volunteer providing services to an agency may expect:

1) That he/she will be assigned a job that is worthwhile and challenging, and which permits his/her the freedom to use existing skills or develop new ones.

2) That he/she will be trusted with information that will help him/her carry out the assignment.
3) That he/she will be kept informed about what is going on in the specific volunteer areas.

4) That he/she will be provided orientation, training and supervision for the job he/she accepts so he/she will know why he/she is being asked to do particular tasks.

5) That his/her time will not be wasted by lack of planning, coordination, and cooperation within the organization.

6) That he/she will receive feedback as to whether his/her work is effective and how it can be improved.

7) That he/she may be reimbursed for out-of-pocket costs for his/her volunteer work.

8) That he/she will receive letters of recommendation and reference from his/her supervisor upon request.

9) That he/she will be given appropriate recognition of his/her volunteer services.

10) That he/she will be provided a designated supervisor.

c. A volunteer who provides services to an office has the responsibility to:

1) Accept assignments given to her/him.

2) Fulfill his/her commitment or notify the designated person of his/her change of plans.

3) Follow guidelines and policies established by the agency.

4) Respect the values and beliefs of others.

5) Use time wisely and not interfere with the job performance of others.

6) Provide appropriate feedback, suggestions, and recommendations to his/her supervisor regarding the program.
7) Be considerate, respect competencies, and work as a member of a team with staff and other volunteers.

d. The office utilizing services of volunteers may expect:

1) That the volunteer will fulfill his/her assignment as agreed upon or will notify staff sufficiently in advance if he/she cannot complete it.

2) That the volunteer will not go beyond his/her competencies and authority.

3) That the volunteer will submit appropriate feedback, suggestions, and recommendation about the program to his/her supervisor.

4) That the volunteer will maintain confidentiality and will respect and treat with dignity the recipients of volunteer services.

5) If the volunteer abuses his/her volunteer role, the volunteer shall be terminated.

e. The office utilizing the services of volunteers has the responsibility to:

1) Use volunteers to extend services without displacing paid employees.

2) Provide each volunteer with a designated supervisor.

3) Provide staff orientation and training in the use and supervision of volunteers.

4) Define volunteer jobs that are meaningful to the volunteer and commensurate with his/her abilities.

5) Contact the Office of Volunteer Services, Office of the Governor, for assistance in assignments to handicapped and disabled volunteers.

6) Make it possible for a volunteer to serve on a trial or probationary basis for a specified period.

7) Provide orientation and training to improve the
volunteers’ skills.

8) Provide volunteers with clear instructions and adequate work spaces.

9) Accept the volunteer as part of the team, including him/her in training and staff meetings that pertain to his/her work.

10) Establish and communicate clearly defined lines of supervision so that the volunteer knows to whom he/she is responsible.

11) Provide appropriate recognition and appreciation to the volunteer.

12) Provide written guidelines governing the recruitment, screening, and utilization and supervision of volunteers.

13) Recognize an applicant’s prior volunteer service in evaluating fulfillment of training and experience requirements for state employment.

14) Provide funds for volunteer benefits as specified in section 8.

15) Provide recognition of paid staff for support and supervision of volunteers.

8. Volunteer Benefits:

Volunteer benefits shall be provided within budgetary limits as follows:

a. Meals may be furnished without charge or the cost thereof may be reimbursed to volunteers serving the agency.

b. Lodging may be furnished temporarily without charge or the cost thereof may be reimbursed to volunteers.

c. Transportation reimbursement, including parking fees, bus and taxi fare may be furnished to volunteers. Mileage reimbursement, when provided for, shall be furnished at a rate comparable to that of permanent employees performing similar duties. Volunteers may be authorized to use state vehicles in the performance of
official duties.

d. Solely for the purposes of Chapter 662, H.R.S., volunteers are hereby deemed to be "employees of the State," when acting for an agency in their capacity as volunteers.

e. Out-service training and conference reimbursement may be furnished for volunteers.

f. Personal liability insurance coverage may be furnished for volunteers.

g. Reasonable expenses incurred by volunteers in connection with their assignments may be reimbursed.

h. Recognition of volunteer service may include recognition ceremonies, certificates, and awards to be determined by the respective office

9. Documentation and Reporting Requirements

a. A Volunteer Application Form (Attachment 1 may be reproduced as needed or tailored to meet a program’s specific needs.) shall be completed by each volunteer and kept on file by the respective Dean, Director or Provost.

b. Programs are authorized to design/use forms to meet their specific needs. This includes, but is not limited to: job classification, sign-in/sign-out sheet, volunteer’s program evaluation, volunteer performance evaluation, agreement between program and volunteer emergency information and data for criminal history check.

c. For their respective offices using the services of volunteers, the Senior Vice Presidents and Chancellors, Senior Vice Presidents, Vice Presidents and the System Director of the Office of Human Resources for the Office of the President having volunteers shall report as may be requested the following annual fiscal estimates for inclusion in the University’s report.

1) The total number of volunteers and the total number of hours of service distinguished by categories of regular-service volunteers, occasional volunteers, stipended volunteers and
material donors or monetary donors.

2) A list of volunteer job titles used by the office.

3) Attachment 2 is the Volunteer Survey which is submitted by the above offices for each fiscal year (July 1-June 30). The report is due by September 15 and is sent to:

Office of Volunteer Services
Office of the Governor
State Capitol
Honolulu, Hawai‘i 96813
Volunteer Application Form

(*NOTE: For material donors, name, name of donor, items donated and any other pertinent information you deem necessary for your files and reports.)

Project name:__________________________________________________________

Date of application:______________________________________________________

Name of applicant:_______________________________________________________

Mailing address:__________________________________________________________

City:________________________ State:_______________ Zip Code:______________

Home telephone no.: ________________ Business telephone no.: ______________

Briefly explain your interest in the program for which you are volunteering:______________

________________________________________________________________________

________________________________________________________________________

Education/Training & Specialized Skills: (Proof may be required)

_____High School _____College _____Graduate School

Degree(s):_______________________________________________________________

Certification:

_____Basic First Aid _____CPR _____Driver’s License (_____Type)

_____SCUBA _____Other (Specify):____________________________________________

Special skills: Describe any specialized skills, e.g. art, writing, computer software programs operations, foreign languages and level of proficiency, etc.______________________________

________________________________________________________________________

Current employer:________________________________________________________

Current job title:__________________________________________________________

Current work schedule:____________________________________________________

Name & telephone number of immediate supervisor:______________________________

________________________________________________________________________
Volunteer Experience

Please list dates of any previous volunteer experiences, the agency for which volunteer services were performed and the type of volunteer services you provided.

________________________________________________________________________________
________________________________________________________________________________

Availability for Volunteer Services

Days of the week and hours available to provide volunteer services: _________________

In case of emergency, who should be notified:

Name:_____________________________ Relationship:_____________________________
Telephone Number:_________________________

PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this Volunteer Application Form is true and accurate and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I am authorizing the Project to contact my former and current employer for references. If selected, I will comply with all requirements specified by my supervisor and acknowledge that the university may at its discretion terminate my participation in providing volunteer services at any time.

__________________________________________ __________________________
Signature of Applicant Date

For Internal Use Only

Volunteer job title:____________________________ Date Interviewed:________________________
Reference Checked:________________________

Selected:______ Not Selected:______
Number of hours of service:____________________________
Category: ____ regular-service volunteer, ____ occasional volunteer, ____ stipended volunteer or ____ material donor.*

__________________________________________ __________________________
Signature of Volunteer Supervisor/Coordinator Date
VOLUNTEER SURVEY
Fiscal Year 19
(July 1, 19 - June 30, 19)

Do Not Use Abbreviations or Acronyms

DEPARTMENT ______________________________
Division ______________________________
Branch or Program ______________________________

Address ______________________________
Phone ______________________________

1. Does your program utilize volunteers? _____
   ___ Yes   ___ No

2. Do you have a Volunteer Coordinator or an assigned supervisor for the volunteers in your program?
   ___ Yes   If yes, please indicate    Name ______________________________
   ___ No    Title ______________________________
             Phone ______________________________

3. Complete the following:

<table>
<thead>
<tr>
<th>Type of Volunteer*</th>
<th>Number of Volunteers</th>
<th>Total Hours Worked During FY 19 -9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasional</td>
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<td></td>
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<tr>
<td>Stipend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Donation</td>
<td>Number of Donors</td>
<td>Dollar Value of In-Kind and Material or Monetary Donation</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>In-Kind/Material</td>
<td></td>
<td></td>
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<tr>
<td>Monetary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. List the volunteer job titles (e.g. Board or Commission member, Foster Grandparent, Clerk, Gardener, Education Aide, Office Assistant, etc.) within your office or program. Use additional sheet if necessary.

Submitted by:  Signature _______________________________
Please print/type name _______________________________
Title _______________________________