

# Warren County Board of Supervisors

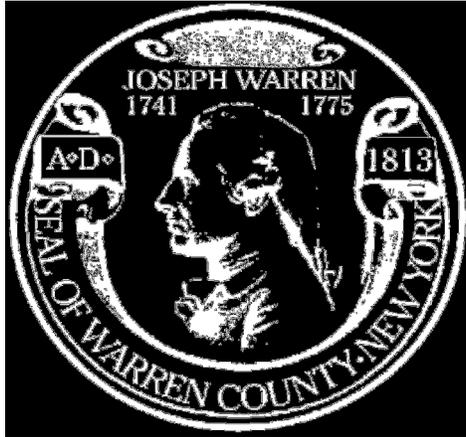
## RESOLUTION NO. 415 OF 2015

**Resolution introduced by Supervisors Vanselow, McDevitt, Taylor, Frasier, Wood, Brock and Seeber**

### **APPROVING THE WARREN COUNTY VOLUNTEER POLICY AND PROCEDURES**

RESOLVED, that the Warren County Board of Supervisors hereby approves and adopts the Warren County Volunteer Policy and Procedures as attached hereto, to involve more people in volunteering to enhance the services that are provided by the County and to enrich the lives of people in our communities, with such policy and procedures to be kept on file with the Clerk of the Board of Supervisors.

Schedule "A"



# Warren County Volunteer Policy and Procedure

Approved \_\_\_\_\_  
Resolution No. \_\_\_\_\_

## 1. Introduction

Warren County desires to involve more people in volunteering to enhance the services that are provided by the County and to enrich the lives of people in our communities.

Warren County is committed to involving volunteers directly within the organization to:

- contribute to the delivery of our services
- assist on various boards
- make sure we are responsive to the needs of those who use our services
- provide different skills and perspectives
- offer opportunities for participation by people who might otherwise be excluded
- increase our contact with the local communities we serve

This policy sets out the principles and practice by which we involve volunteers.

## 2. Principles

Warren County:

- recognizes that voluntary work brings benefits to volunteers themselves, to clients and to paid staff
- will ensure that volunteers are properly integrated into the organization structure and that mechanisms are in place for them to contribute to the services that Warren County provides
- will not introduce volunteers to replace paid staff
- expects that staff at all levels will work positively with volunteers and, where appropriate, will actively seek to involve them in their work.
- recognizes that volunteers require satisfying work and personal development and will seek to help volunteers meet these needs, as well as providing the training for them to do their work effectively

## 3. Scope of volunteer policy and definition of Volunteer

Unless specifically stated, these policies apply to all non-elected volunteers in all programs and projects undertaken on or on behalf of the County, and to all departments and sites of operation of the County.

The County also accepts as volunteers those participating in student community service activities (e.g. Youth Court), student interns (e.g. from schools, colleges), alternative sentencing or diversion programs, and other similar volunteer referral programs. In each of these cases, however, a special agreement must be in effect with the organization, schools, or program from

which the special case volunteers originate and must be responsible for management and care of the volunteers.

A volunteer as that word is used in this policy is anyone who, without compensation or expectation of compensation beyond reimbursement, performs a task at the direction of and on behalf of the County. A volunteer must be officially accepted and enrolled by the County Department prior to performance of the task. Unless specifically stated, volunteers shall not be considered as “employees” of the County

#### 4. Service at the discretion of the County and Volunteer

Before a Department of the County may accept the services of a volunteer, the Department Head shall request and receive approval from the County Administrator, whose approval shall be based on whether the volunteer will positively impact the work of the department and County as a whole. The County Administrator shall consider the tasks to be performed by the volunteer, staff supervision time, impact on department workload and space needs as well as overall County impacts, if any.

The County accepts the services of all volunteers with the understanding that such service is at the sole discretion of the County. Volunteers by accepting a volunteer position with the County agree that the County may at any time, for whatever reason, decide to terminate the volunteer’s relationship with the County.

The volunteer may anytime, for whatever reason, decide to sever the volunteer’s relationship with the County. Notice of such a decision should be communicated as soon as possible to the volunteer’s supervisor.

#### 5. Recruitment, screening and physical requirements

Recruitment of volunteers will generally be from all sections of the community, and will be in line with Warren County’s Equal Opportunities Policy. The sole qualification for volunteer recruitment shall be suitability to perform a task on behalf of the County. Persons interested in becoming volunteers for Warren County should contact a Warren County Department. The Department Head will provide information about the Department in general and information about the specific volunteer opportunities available. If the person is still interested in becoming a volunteer the Department Head will request the person complete the “Volunteer Registration Form” (Appendix A). The Department Head will review the request and advise the Volunteer if accepted.

In certain cases and as appropriate for the protection of clients, volunteers in certain assignments may be asked to submit to a background criminal check. Volunteers who do not agree to the background check may be refused assignment.

In cases where volunteers will be working with clients with health difficulties, a health screening procedure may be required. In addition if there are physical requirements necessary for performance of the task, health screening or testing procedures may be required to ascertain the ability of the volunteer to safely perform the tasks.

A volunteer is a person who offers services to Warren County, without pay, and whose offer is accepted by the Department Head on behalf of the County. Volunteers are not employees, nor are they unpaid employees.

Volunteers must be at least 16 years of age with working papers. Volunteers aged 16 to 17 are subject to pertinent labor laws. Volunteers under the age of 16, fulfilling requirements for community service, must be accompanied by a parent, guardian or teacher.

#### 6. Introduction, Training and Support

Every volunteer will receive information from the department as to what their role is. Training appropriate to the role will be provided by the County. All volunteers will have a named person as their main point of contact.

#### 7. Conduct

Volunteers are expected to follow rules of conduct that will protect the interest and safety of all volunteers, staff and the County. If applicable, volunteers will also be required to comply with NYS Department of Health Regulations.

Volunteers are expected to comply with the Warren County Ethics and Disclosure Law.

Each volunteer must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and will preserve and strengthen public confidence in Warren County activities. Likewise, volunteers must refrain from engaging in any activity in which personal interests conflict, potentially conflict or appear to conflict with those of Warren County. If a Department Head has concerns regarding conflicts of interest they shall meet with the volunteer to review the situation and take action as appropriate.

Volunteers will be bound by the same requirement for confidentiality as paid staff. Department Heads concerned with confidentiality issues shall discuss the situation with the volunteer and take action as appropriate.

Volunteers shall refrain from providing their personal contact information to the clients that they serve.

## 8. Health and Safety

Warren County will take all reasonable and practicable steps to ensure the volunteers' health, safety and welfare while volunteering for Warren County. The Department supervisor will provide Volunteers with information about the County's various policies as applicable to their type of volunteer service. I.e. Warren County Safety and Health Program Policy, Warren County Smoking and Tobacco Use Policy, Warren County Plan and Program on Workplace Harassment, Workplace Violence Prevention Plan and Program, Warren County Emergency Action and Response Plans.

Volunteers are additional insured's on Warren County's liability insurance policy while they are working within the scope of duties for the County.

The County does not carry or maintain health, medical or disability insurance for any volunteer. However, Warren County Local Law No. 4 of 2005 (Appendix B) may provide limited assistance with the payment of medical bills incurred by Volunteers as a result of injuries sustained by reason of accidents while volunteers are working within the scope of duties.

If a volunteer is injured during the course of their services to Warren County they should immediately notify their supervisor and also complete the "Non-employee, Visitor, Volunteer Injury Report" form in the packet of forms under Appendix C. The volunteer should forward the completed form to their supervisor as soon as possible. The supervisor and Department Head should complete the appropriate forms under Appendix C within 3 business days.

## 9. Volunteer Drivers

Volunteers, clients, members of volunteers family, etc. are not authorized to operate County owned vehicles, except county volunteers who hold a valid New York State driver's license and are requested by a Department Head shall be authorized to operate County owned vehicles for: 1) for programs offered by Veteran's Services under Executive Law Section 358 of Veteran's Affairs; 2) for programs offered to Westmount Health Facility residents or persons participating in Countryside Adult Home programs whether such is directly sponsored by Westmount Health Facility or Countryside Adult Home or some other governmental or non-governmental entity; and 3) unpaid interns working at the Department of Social Services. All volunteers allowed to operate County vehicles must also comply with the County's Travel and Vehicle Use Policy.

All volunteers that agree to drive their own personal motor vehicles or a County vehicle as part of their volunteer service will be required to complete the "Warren County Volunteer DMV release" (Appendix D) attached to this policy. Volunteering to drive will be dependent upon a satisfactory driver record. The volunteers will become part of the NYS DMV License Event Notification Service utilized by Warren County. Departments that utilize volunteer drivers should contact the Warren County Self-Insurance Department to determine if the volunteer has

a satisfactory driver record prior to allowing the volunteer to drive as part of their service to the County.

All volunteers that are using their own personal automobile while volunteering for Warren County must provide their own automobile insurance at their own expense. If the volunteer should suffer a loss while volunteering for Warren County their personal automobile insurance will be the primary coverage. Volunteer will provide for towing and recovery if needed at their own expense. Volunteers involved in an accident resulting in personal injury or vehicle damage shall promptly report the incident to their supervisor who will complete the volunteer injury report (Appendix C).

#### 10. Expenses

Warren County will ensure that there is a clear and accessible system to enable volunteers to claim out of pocket expenses that are pre-authorized by the County Department for which they volunteer.

#### 11. Emergency Closings and Volunteers Inability to Perform Service

The County strives to ensure the safety of all volunteers. In the event of inclement weather or the volunteers inability to perform services, volunteers will be responsible for contacting the volunteer department to inform their supervisor that they will not be performing their scheduled service. If the County should close, the sponsoring Department will use a previously established system to inform their volunteers of the closing.

#### 12. Equal Opportunities

All volunteers and staff will work in accordance with Warren County's equal opportunities policy and Warren County's ADA/Section 504 Policy and will prevent discrimination on any grounds.

#### 13. Monitoring and Recordkeeping

Each Department may evaluate an individual volunteer service as needed. In addition, County Departments should continually monitor and evaluate their use of volunteers with reference to this Volunteer Policy. Departments that find concerns with this policy should forward the concern to the Warren County Risk Management Steering Committee for review. Each Department will keep various records and forms in association with this policy on file within their department.

#### 14. Implementation

This policy will be effective upon approval by the Warren County Board of Supervisors. All current volunteers will be advised of the new policy by their assigned supervisor. All current volunteers should complete the Volunteer Registration Form (Appendix A).

Appendix A

Attach Volunteer Registration Form here

**VOLUNTEER REGISTRATION FORM (Page 1 of 2)**

**Department Completes:**

Department: \_\_\_\_\_

Volunteer Will Report to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_ Anticipated End Date \_\_\_\_\_

Anticipated Days/Hours \_\_\_\_\_

**Volunteer Applicant Completes:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Can you perform the required duties with or without reasonable accommodation? Warren County is an equal opportunity/affirmative action employer. If necessary, please explain.

\_\_\_\_\_

Have you ever been convicted of any crime (felony or misdemeanor), accused of sexual abuse or similar miss-conduct? Yes \_\_\_ No \_\_\_

If yes, please explain. (Note: This will not automatically bar you from the position as each case is considered on its merits.)

\_\_\_\_\_

Do you know any foreign languages? Yes \_\_\_ No \_\_\_

Language: \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_

Language: \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_

**References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Continued next page....**

**Volunteer Registration Form continued (Page 2 of 2):**

By signing below, the Volunteer Applicant acknowledges the following:

- Volunteer has received a copy of the Warren County Volunteer Policy and Procedure, and agrees to adhere to the standards contained therein while serving in the capacity of a Volunteer.
- Warren County does not provide compensation or financial assistance for volunteer services.
- Volunteers must conduct themselves to protect the interest and safety of all other volunteers, staff and the County.
- Volunteers are an additional insured on the County's liability policy while they are within the scope of their services.
- The County does not carry health, medical, or disability insurance for any volunteer. However, very limited medical expense reimbursement may be available per Local Law No. 4 of 2005.
- Warren County does not provide automobile insurance for any volunteer utilizing a private automobile during their service.
- Volunteers must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and strengthen public confidence in Warren County activities.
- The Volunteer understands that the Activities include work that may be hazardous and releases Warren County from all liability for injury, illness, death, or property damage arising out of or resulting from the Volunteer's activities.
- Volunteer acknowledges that a background check may be done and agrees to provide additional information as requested by Warren County to complete the background check.
- Volunteer's assignment or activities for Warren County may be terminated by Warren County at any time for any reason.

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Applicant date of birth (if under 18) \_\_\_\_\_

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**Department Head Completes:**

Volunteer Approved? \_\_\_Yes \_\_\_No

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix B

Attach Local Law #4 of 2005 here

Appendix C

Attach Non-Employee, Visitor, Volunteer Injury Report forms here

**WARREN COUNTY**  
**NON-EMPLOYEE, VISITOR, VOLUNTEER INJURY REPORT**

**INJURED PERSON COMPLETES:**

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

INJURED NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIBE WHAT YOU WERE DOING JUST BEFORE THE INCIDENT AND WHAT HAPPENED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR INJURIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TAKEN TO HOSPITAL? \_\_\_\_\_ DOCTOR? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If this form was completed by someone other than the injured person please complete:

Name of person completing report: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to injured: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provide this form to your supervisor or the supervisor of the physical area where you were injured.

Supervisor make sure to obtain "Witness Statements" and complete the "Supervisors Report of Investigation" form that follows this page.

## Accident Investigation Witness Statement

Personal Information (make additional copies of this form as needed)

|                  |  |  |  |
|------------------|--|--|--|
| Name of Witness  |  |  |  |
| Address          |  |  |  |
| City, State, Zip |  |  |  |
| Phone            |  |  |  |

Accident Information

|                       |  |  |  |
|-----------------------|--|--|--|
| Injured Persons Name: |  | Date and Time of Accident              |  |
| Location of accident  |  | Weather Conditions at time of Accident |  |

In your words, give a brief description of the accident:

How did the Injury Occur?

How Could the Accident Have Been Prevented?

**Signed:**

|              |  |      |
|--------------|--|------|
| Witness Name |  | Date |
|--------------|--|------|

***Supervisor's Report of Accident Investigation  
Supplement to Non-employee, Visitor, Volunteer Injury Report Form***

|                        |               |
|------------------------|---------------|
| Date of Investigation: | Investigator: |
| Injured Person:        |               |

Describe the accident in detail (include physical surroundings, equipment in use)

**SPECIFY THE UNSAFE ACTS AND CONDITIONS WHICH LED TO THE ACCIDENT (Please circle all that apply):**

**Unsafe Acts:**

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Improper lifting, carrying, handling</li> <li>• Improper use of tools or equipment</li> <li>• Operating without authority</li> <li>• Failure to wear personal protective equipment</li> <li>• Failure to use safety devices</li> <li>• Failure to use proper tools/equipment</li> <li>• Failure to obey rules/procedures</li> <li>• Failure to secure ladders</li> <li>• Lack of adequate training</li> </ul> | <ul style="list-style-type: none"> <li>• Transitioning to/from ladder</li> <li>• Misstep on ladder</li> <li>• Over-reaching on ladder</li> <li>• Using defective equipment</li> <li>• Overriding safety devices</li> <li>• Horseplay</li> <li>• Taking shortcuts or hurrying</li> <li>• Action of others</li> <li>• Other: _____</li> </ul> |
|--|---|

**Supervisor's Report of Accident Investigation  
Supplement Non-employee, Visitor, Volunteer Injury Report- Page 2**

**Unsafe Conditions:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Wet and/or slippery working surface</li> <li>• Defective floor and/or walking area</li> <li>• Congested work area</li> <li>• Poor housekeeping</li> <li>• Inadequate lighting</li> <li>• Inadequate guards</li> <li>• Inadequate design or maintenance</li> </ul> | <ul style="list-style-type: none"> <li>• Lack of available personal protective equip</li> <li>• Lack of proper tools or equipment</li> <li>• Defective tools or equipment</li> <li>• Inadequate warning system</li> <li>• Projection hazards</li> <li>• Hazardous atmosphere</li> <li>• Other: _____</li> </ul> |
|--|---|

**Personal Factors:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Improper work habits</li> <li>• Unaware of work hazard</li> <li>• Improper motivation</li> </ul> | <ul style="list-style-type: none"> <li>• Improper attire</li> <li>• Improper attitude</li> <li>• Unwilling to follow work rules</li> <li>• Other: _____</li> </ul> |
|---|--|

Was there an infraction of a Safety/Health Rule, Regulation, Procedure or Specific Instruction?

|  |
|--|
|  |
|  |

Was the injured Properly Instructed and/or Trained (Please describe):

|  |
|--|
|  |
|  |

**What corrective measures are being taken to prevent similar accidents?**

|  |
|--|
|  |
|  |

**Signed:**

|  |        |       |
|--|--------|-------|
| Supervisor:  | Phone: | Date: |
| Supervisor Email address:  |        |       |
| Department Head:   | Phone: | Date: |
| Department Head Email address:   |        |       |
| Department Head should immediately fax this form to the County Attorney at 761-6377 and Self-Insurance at 761-6249 and mail the original to the County Attorney. |        |       |

Appendix D

Attach Warren County DMV Release here

**Warren County Volunteer DMV Release**

Federal Drivers Privacy Protection Act  
Authorization to Obtain Motor Vehicle Report

**For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance,**

**I (Name of Volunteer) \_\_\_\_\_**

**authorize Warren County to obtain my Motor Vehicle Record. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.**

**I also authorize release of this information to Warren County and its agents.**

\_\_\_\_\_  
**Signature of Volunteer**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_**

\_\_\_\_\_  
**Drivers License Number                      State                      Date of Birth**

\_\_\_\_\_  
**Street Address & Mailing Address**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Date signed: \_\_\_\_\_**

\*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number.

It does not include information on vehicular accidents, driving violations and driver status.

Appendix E

Attach any specific Department programs, policies or forms here