



VOLUNTEER CENTER OF SAN GABRIEL VALLEY

COURT REFERRED COMMUNITY SERVICE (CRCS) PROGRAM

MEMORANDUM OF UNDERSTANDING

This agreement will enable both parties to uphold their partnership in the Court Referred Community Service (CRCS) Program. The following will describe the program requirements to ensure the efficient use of volunteers in assisting the community through nonprofit agencies.

IN ORDER TO RECEIVE VOLUNTEERS, THE FOLLOWING REQUIREMENTS MUST BE MET:

Agency Application

The agency application must be completed; all provided information must be accurate. All agencies are required to attend training and re-submit a new application every 2 years.

Nonprofit Status

A copy of your 501 (c)3 which matches the address of your agency must be submitted along with the application.

Volunteer Management

- Upon receipt of a volunteer, agencies can conduct an interview to assess the volunteer's skills and assign them appropriate duties. Agencies are required to provide the volunteer with a brief description of the type of assignments and tasks. If needed, training must be provided to the volunteer to accomplish the assigned tasks.
• Volunteers must be supervised at all times.
• Agencies may expel a volunteer at any time. Issues arising from a referral must be immediately documented by submitting an Incident Report form to the Volunteer Center of San Gabriel Valley Office. The volunteer must be sent back to the CRCS office to be reassigned appropriately.
• A volunteer may also request to be reassigned at any time.

Termination from the CRCS Program

Your agency can be terminated at any time without notice for the following reasons:

- Policies are not being followed
• Volunteers are being misused

Verification of Volunteer Hours

Keeping accurate and complete records of all Court Referred Volunteers (CRVs) that enter your agency is imperative. An authorized supervisor must sign the time sheet. The timesheets are to be returned to the volunteer once the hours have been completed and all slots have been filled. The agency is required to keep a copy of all volunteers' timesheets and store them for five (5) years. Only signatures that have been submitted on the application will be valid; any signature on the timesheets that is not on file will not be applicable for credit. A separate combined daily log-in sheet must be filled out by all volunteers at the beginning and end of their shift. This log-in sheet must be signed off daily for each volunteer upon departure. Any changes and/or additions in authorized supervisors must be made aware to the Volunteer Center immediately; otherwise the signature on the time sheet will not be valid.

Displacement of Court Referred Volunteers

Your agency may not assign Volunteer Center Court Referrals to conduct or engage in any type of religious, sectarian or political activities. The volunteers are also not allowed to do any door-to-door solicitation. Volunteers cannot be utilized as a staff member at your facility.

Additional Policies

By being a part of our program, you must comply with all federal policies and regulations regarding non-discrimination and accessibility, as well as providing a drug-free environment. It is your responsibility to provide a safety briefing to each and every volunteer and to ensure well placed judgment when assigning tasks to volunteers. Volunteers may not be utilized in a way that could cause an accident. Volunteers are not allowed to work with or around hazardous materials or chemicals. Volunteers may not operate any kind of vehicle, machinery, and/or power tools. The breach of these policies will result in an immediate suspension. It is your responsibility to train and monitor all court referrals.

I understand all client information is confidential. I will maintain client records and refer all requests for client information to the Volunteer Center. Violation of this policy will result in, an immediate dismissal from the Court Referral Program.

I have reviewed this memorandum and agree to abide by all the requirements.

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Signature of Agency Representative Print Name Title Date

Name of Agency Address City Zip Code



VOLUNTEER CENTER OF SAN GABRIEL VALLEY

COURT REFERRED SERVICE (CRCS) PROGRAM APPLICATION FORM

Please print and complete this form in its entirety.

AGENCY INFORMATION

Organization Name _____	Date _____	
Main Address _____	City _____	Zip _____
Reporting Address _____	City _____	Zip _____
Phone () _____	Alt. Phone () _____	Fax () _____
Cross Streets _____	Contact Person _____	
Website _____	E-Mail _____	

AGENCY REQUIREMENTS

Please list any physical limitation that cannot be accommodated for at your agency: _____

Is your agency architecturally accessible for clients with disabilities? Yes No

Offenses NOT accepted _____

Will you accept juveniles under 17? Yes NO Maximum Number of Volunteers Needed _____

Skills Needed _____

Positions Available _____

Hours of Operation for Community Service _____

Days of Operation for Community Service Monday—Friday Saturday Sunday

Dress Code: _____

(PLEASE CONTINUE ON THE BACK OF THE APPLICATION)

Describe your agency's services to the community _____

Please briefly describe how you will be utilizing the volunteers at your agency _____

We will request training attendance and a new application every 2 years. It is also mandatory for a new volunteer supervisor to schedule and attend a VCSGV Volunteer Management training session. Please notify us by submitting a Signature Update Form if any of the signatures listed below change.

I certify that the information provided in this application is true and correct. Furthermore, I have read the rules for supervising Court-Referred Community Service volunteers and agree to abide by them.

X _____
Signature of Executive Director / Principal / Main Supervisor Print Name

Authorized signatures: (We recommend 1 supervisor per 8 volunteers)

X _____
Signature Print Name Title

X _____
Signature Print Name Title

X _____
Signature Print Name Title

X _____
Signature Print Name Title

X _____
Signature Print Name Title

X _____
Signature Print Name Title

X _____
Signature Print Name Title

Provide us with one copy of your agency stamp

Please keep a copy and return the original to the Volunteer Center of San Gabriel Valley