

**PUTTING
SENIORS FIRST**



**Council on Aging
VOLUNTEER ENROLLMENT FORM**

DATE _____ SITE _____

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL PHONE _____ E-MAIL _____

PHYSICAL CHALLENGES: _____

SPECIAL SKILLS: _____

Screening/Qualifications/Training: I understand that Fingerprinting and Background Screening may be required prior to my placement as a volunteer. Site will provide training for specific required tasks/skills. Days and hours of service are relative to assignment and volunteer availability. I understand that it is required to document my hours on the form provided. I also understand that if my volunteer position is as a Meals on Wheels volunteer driver I am required to accurately report mileage on the form provided. _____

PHOTO RELEASE: I hereby give the Council On Aging of Volusia County my informed and written consent for the use of my photograph in newsletters, brochures or other media. I understand that my photograph or group photographs in which I appear may be used by the Council On Aging for an indefinite period of time unless this authorization is revoked in writing. If revoked, the above named agency shall not be required to recall any material currently in print. (Please Initial) ACCEPT: _____ DECLINE: _____

Supplemental Insurance Information Required:

BENEFICIARY _____ PHONE# _____

STREET _____ CITY _____ ZIP _____

Emergency Contact: Name: _____

Relationship _____ PHONE: _____ CELL: _____

FOR MEALS ON WHEELS DRIVERS ONLY – PROOF OF LICENSE & INSURANCE REQUIRED

DRIVER'S LICENSE # _____ STATE _____ EXP DATE _____

AUTO INSURANCE CO. _____ POLICY # _____ EXP. DATE _____

I understand that I am not an employee of COA and agree to serve without compensation. I further agree that if I use my personal automobile while volunteering, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature: Supervising Site Coordinator

Signature: Volunteer



A NON-PROFIT SERVING VOLUSIA SENIORS

Council on Aging of Volusia County

New Volunteer Packet Instructions

1. Volunteer Enrollment Form – **please be sure to include site name**
 - a. If volunteer will be a driver for COA, the beneficiary information needs to be filled out and obtain current copy of drivers' license and auto insurance
2. Volunteer Assignments Form – this form must be completed and **please be sure to include site name**
3. Electronic Funds Transfer Form (EFT) – this form only needs to be completed by Meals on Wheels volunteer drivers who wish to be compensated for their mileage. ***If so, a voided check or direct deposit authorization form from their bank needs to be attached to the form.***
4. Volunteer Ethical Standards – ***they must read both pages and sign the 2nd page (return both).***
5. Notice of Privacy Practices – 2 page form for the volunteer to keep.
6. FDLE & FBI Privacy Act Statement – 2 page form for the volunteer to keep.
7. Privacy Policy Acknowledgement Form – ***volunteer must read, sign and date.***
8. Florida Criminal History Information Request Form – ***Volunteer must complete all items in RED, sign and date the bottom.***
9. Fair Credit Reporting Act (FCRA) Summary of Rights – 4 page form for volunteer to keeps.
10. Consent to use Name, Voice, Likeness and Comments Form – ***1-page form to be completed***
11. Attestation of Compliance Form –
 - a. 4-page form – all 4 pages must be returned
 - b. Fill in volunteer name, position – Volunteer, Employer is COA on page 2
 - c. Under Exceptions – check the volunteer box and Initial by “volunteer” on page 3 – ***If volunteer will work 20 hours or more – DO NOT INTIAL here***
 - d. ***Complete page 4, including signature and date***
 - e. Keep all of Step 2 – Attachment 1 documents
12. MacData Background Form – ***this form must be completed by any volunteer who will work 20 hours or more per month and needs to have fingerprinting done.***
13. Volunteer Handbook – ***please print your name, sign and date on last page and return – keep all others.***

VOLUNTEER ASSIGNMENTS

Dining Site

*Congregate Desk _____

Congregate (Kitchen) _____

*Meals on Wheels Driver _____

Senior Center Activities

Activity Leaders _____

Activity Assistants _____

Bingo Caller/Helper _____

Computer Instructors _____

Entertainment _____

*Membership Coordinators _____

Greeters/Receptionists _____

*Clerical/Office Assistants _____

*Respite Program _____

*NCBA _____

Special Events _____

****Fingerprinting and Background Screening are required prior to placement.***

All other categories are Background Screened and Fingerprinted at management's discretion.



P.O. Box 671
Daytona Beach, FL 32115-0671
(386) 253-4700 ~ Fax (386) 253-6300
www.coavolusia.org

Dear Volunteer/Employee,

COA is proud to announce that we now offer **Electronic Funds Transfer** payment for mileage/expense reports. EFT payments are more convenient than traditional check payments as the amount is deposited directly into your bank account. EFT will also allow access to funds immediately. If you are interested in signing up for this service, please follow the steps below.

1. Attach a voided check (no deposit slips please) to the body of this letter.
2. Sign where indicated below giving us authorization to deposit into your account.
3. Supply an email address where copies of the EFT payment details can be sent.
4. Return this letter and voided check to us so that we may begin depositing payments directly into your bank account.

Should you have any questions or need additional information please contact **Connie Polzin, 386.253.4700 ext 221** for additional information.

Sincerely,
Council on Aging

I would like to enroll in EFT payment services offered by COA. I have attached a copy of a voided check, supplied an email address, and signed below to start the process.

Volunteer or Employee - Printed

E-mail Address – Please Print

Volunteer or Employee – Signature

Date



Volunteer Ethical Standards for The Council on Aging of Volusia County, Inc.

BACKGROUND

The agency respects the right to privacy in a person's personal activities. Each volunteer must make individual decisions as to the propriety of his/her conduct.

It should be remembered that the greater degree of responsibility a volunteer has, the greater must be that individual's monitoring of their own personal activities.

POLICY

All volunteers have, as a common goal, the enhancement of the agency's position in the community's spectrum of social services. To help achieve this goal, all volunteers will be conscious of their personal activities and the ultimate effect this may have on the agency's programs, status in the community and possible effect on funding sources. If in the judgement of the management of the agency, the activities of a volunteer begin to affect the agency, either externally or internally, action will be taken appropriate to the situation, which may include separation from the agency's volunteer department.

A volunteer shall not knowingly serve in any capacity that might constitute a conflict of interest or present the appearance of a conflict of interest between themselves and a client (or clients).

Any activities involving clients, which go beyond those specifically delegated as part of their volunteer duties, must be cleared with the Program Director, the Operations Director or the Executive Director. Examples of such activities include, but are not limited to:

1. Simultaneous employment by or ownership in another firm or agency if the other is a competitor or supplier to the Council on Aging or the client.
2. Serving as a personal representative (executor) of a client's estate.
3. Assuming guardianship of clients or durable power of attorney.
4. Assuming control of client's bank account.

5. Receiving checks or other funds for clients.
6. Steering clients to businesses, facilities or services in which the volunteer or a family member has a direct or indirect financial interest. This excludes publicly held firms whose stock is traded on the stock exchange.
7. Accepting substantial gifts, either cash or in-kind from any clients.
8. Making a sale to or purchase from a client.
9. Negotiating loans from or to a client.
10. Accepting bequests from an individual's will.
11. Engaging in any preferential business dealings with any client or involving any client.
12. No volunteer shall benefit monetarily, in a self-serving manner, from any commercial interest gained by association with the Council on Aging. On rare occasion, exceptions to this policy may be made by the Executive Director, in writing, to the volunteer requesting the exception.

CLIENT CONFIDENTIALITY

Information concerning the client(s) is considered confidential and may only be discussed with appropriate staff members or agencies involved in the provision of services for the client(s). Divulging confidential information in any other fashion is grounds for dismissal.

I have read, understand and agree to abide by the Volunteer Ethical Standards of the Council on Aging of Volusia County, Inc.

I hereby give my consent to the Council on Aging to conduct a thorough criminal and driving record check at their discretion and that acceptance of my service as a volunteer will be dependent upon the satisfactory completion of that check. I further understand that delivering Meals on Wheels while under the influence of drugs or alcohol is strictly prohibited.

Signature

Date

Printed Name



Florida Department of Law Enforcement
 Criminal Justice Information Services
 (850) 410-8109



Florida Criminal History Information Request

Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes

I am requesting Florida criminal history information on the following individual:

Last Name*:			<p>* Required Fields</p> <p>NOTE: PLEASE INDICATE HISPANIC PERSONS AS EITHER WHITE OR BLACK BASED ON THEIR ACTUAL SKIN COLOR</p> <p>*Race (pick Q!): W - White/Caucasian B - Black U - Unknown A- Asian/Pac. Islander I - Alaskan/Native American</p> <p>Optional Information: Social Security Number Middle Name Other Names Used</p>
<i>Last Names should not include spaces (ex. De la Rosa, DelaRosa). Please use hyphens when applicable (ex. Jones-Smith)</i>			
First Name*:			
Middle Name:			
Other Names Used: Last, First, Middle (Please omit spaces and include hyphens when necessary)			
Last)	First)	Middle)	
Last)	First)	Middle)	
Race*:	Sex*:	Date of Birth*:	
Social Security Number:			

Please provide as much information as possible. The accuracy of the information provided is critical as all searches are based on this information.

In Accordance to the provisions of Chapter 119 Section 943.053, Florida Statutes, you are hereby informed that a Florida state criminal history report about you may be ordered and used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize Florida Department of Law Enforcement to obtain and release my personal state criminal history to Council on Aging of Volusia County for use in relation to my employment application or contractual agreement as required.

Applicant's Signature: _____, Date: _____

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

Council on Aging of Volusia County

PLEASE REVIEW THIS DOCUMENT CAREFULLY

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, volunteers, staff and other office personnel.

1. YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and service you receive from the department in your personal file.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

A. HOW WE MAY DISCLOSE INFORMATION ABOUT YOU

- (1.) For Treatment. We may use health information about you to provide you with medical treatment or services we may disclose health information about you to other personnel who are involved in taking care of you and your health.
- (2.) For Payment. We may use and disclose health information in order to bill and collect payment for health care services.
- (3.) Health Care Operations. We may use and disclose health information about you to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.
- (4.) Other Permitted Uses and Disclosures. There are a number of other specific ways that we may disclose health information about you without your permission for the following purposes, subject to legal requirements and limitations, such as: **To Avoid Serious Threat to Health Safety; Required By Law; Research; Organ Tissue Donation; Military Veterans, National Security and Intelligence; Worker's Compensation; Public Health Risk; Health Oversight Activities; Lawsuits and Disputes; Law Enforcement; Coroner, Medical examiners and Funeral Directors; Volunteers and Information Not Personally Identifiable.**

B. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you.

- (1) Right To inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Privacy Officer, Office, in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/ or copy in certain limited circumstances. If you are denied access to your health information, you may ask the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

(2) Right To Amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Office, Office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that a) we did not create, unless the person or entity that created the information is no longer available to make the amendment.

b) Is not part of the health information that we keep. c) You would not be permitted to inspect and copy. d) Is accurate and complete.

(3) Rights to Accounting Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

(4) Rights to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.

(5) We Are Not Required to Agree to Your Request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

2. CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

3. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for purposes other than those identified in the previous section without your specific written Authorization. We must obtain your authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed Consent and a special written Authorization that complies with the law governing HIV or substance abuse records. You have the following rights regarding health information we maintain about you:

Contact Information: Privacy Officer, Council on Aging of Volusia County at 386-253-4700



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date

DEPARTMENT OF ELDER AFFAIRS
BACKGROUND SCREENING

ATTESTATION OF COMPLIANCE - CANDIDATE

AUTHORITY: This form is required of all candidates who are direct service providers when claiming an exception to Level 2 background screening set forth in sections 430.0402(2) and (3), Florida Statutes, or to comply with the attestation requirements set forth in section 435.05(2), Florida Statutes.

This form is required by all candidates to comply with the following:

- The attestation requirement of section 435.05(2), Florida Statutes, which states that “every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer”; AND
- The proof of screening within the previous 5 years in section 408.809(2), Florida Statutes, which requires proof of compliance with Level 2 screening standards that have been screened through the Care Provider Background Screening Clearinghouse created under section 435.12, Florida Statutes, or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under chapter 651, Florida Statutes, if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

*** IF A CANDIDATE IS HIRED AND IS DETERMINED TO BE A DIRECT SERVICE PROVIDER, THIS COMPLETED FORM MUST BE RETAINED IN THE EMPLOYEE’S FILE.**

If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an application for a health care provider license eligibility or monitoring purposes, please attach a copy of the screening results and submit the application. IF AN EXCEPTION TO BACKGROUND SCREENING IS CLAIMED, A COPY OF THE REQUIRED EVIDENCE MUST BE ATTACHED TO THIS FORM.

A direct service provider is “a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client’s living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term also includes, but is not limited to, the administrator or a similarly titled person who is responsible for the day-to-day operations of the provider, the financial officer or similarly titled person who is responsible for the financial operations of the provider,

coordinators, managers, and supervisors of residential facilities, and volunteers, and any other person seeking employment with a provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, financial matters, legal matters, personal property, or living areas.” § 430.0402(1)(b), Fla. Stat. (2023).

Personal identification information as defined in section 817.568(1)(f), Florida Statutes, means:

Any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including any:

1. Name, postal or electronic mail address, telephone number, social security number, date of birth, mother’s maiden name, official state-issued or United States-issued driver license or identification number, alien registration number, government passport number, employer or taxpayer identification number, Medicaid or food assistance account number, bank account number, credit or debit card number, or personal identification number or code assigned to the holder of a debit card by the issuer to permit authorized electronic use of such card;
2. Unique biometric data, such as fingerprint, voice print, retina or iris image, or other unique physical representation;
3. Unique electronic identification number, address, or routing code;
4. Medical records;
5. Telecommunication identifying information or access device; or
6. Other number or information that can be used to access a person’s financial resources.

STEP ONE: Complete identification information:

Candidate (first name, middle name, last name)

Position Applied

Employer

STEP TWO: The candidate must review the disqualifying offenses set forth in chapter 435 and section 430.0402, Florida Statutes. A chart has been provided as attachment I. However, it is the candidate’s responsibility to review the above statutes available at <http://www.leg.state.fl.us/statutes/>.

If the candidate has been exempted from disqualification, the candidate must complete the following:

I have been granted an Exemption from Disqualification through one of the following Specified Agencies:

- | | | | |
|--------------------------|--|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Department of Elder Affairs | <input type="checkbox"/> | Department of Financial Services |
| <input type="checkbox"/> | Agency for Health Care Administration | <input type="checkbox"/> | Department of Health |
| <input type="checkbox"/> | Agency for Persons with Disabilities | <input type="checkbox"/> | Department of Juvenile Justice |
| <input type="checkbox"/> | Department of Children and Families Services | <input type="checkbox"/> | Division of Vocational Rehabilitation |

Date of Decision _____

**** Attach a copy of the Exemption from Disqualification decision letter.**

STEP THREE: The candidate must complete this section if claiming an exception to level 2 background screening conducted by the Department of Elder Affairs. If not claiming an exception, then skip to Step Four. If you are claiming that you qualify for an exception to level 2 background screening pursuant to sections 430.0402(2) or (3), Florida Statutes, and, thereby, you are not required to undergo background screening through the Department of Elder Affairs, please indicate the type of exception and attach the required evidence.

EXCEPTIONS:

Relative - A relative of the client.

_____ (initial) Evidence: Circle your relationship to the client: husband, wife, father, mother, son, daughter, brother, sister, grandmother, grandfather, great-grandmother, great-grandfather, grandson, granddaughter, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

Volunteer - A volunteer who assists for fewer than 20 hours per month and you are not listed on the:

_____ (initial) FDLE Career Offender Search database or the Dru Sjodin National Sex Offender PublicWebsite. Evidence: A copy of your search results screen shot from each criminal database showing no records were found.

EMPLOYER: IT IS THE EMPLOYER’S RESPONSIBILITY TO VERIFY THE AUTHENTICITY AND ACCURACY OF ANY DOCUMENTATION REQUIRED AS EVIDENCE OF A CANDIDATE’S QUALIFICATION FOR AN EXCEPTION.

STEP FOUR: Each candidate determined to be a direct service provider must complete the required attestation below.

Claiming an Exception: If you are claiming that you qualify for an exception to level 2 background screening, you are not required to undergo background screening through the Department, and you must sign the attestation below.

Not Claiming an Exception: If you are not claiming one of the exceptions to level 2 background screening listed in Step Three above, you must complete level 2 background screening through the Department of Elder Affairs. After you have been determined to be qualified for service by the Department, you must sign the attestation below:

ATTESTATION

Under penalty of perjury, I, _____, hereby swear or affirm that I meet the requirements for qualifying for employment pursuant to the background screening standards set forth in Chapter 435 and section 430.0402 of the Florida Statutes. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by my employer.

Candidate Signature _____

Date _____

***EMPLOYER:** Once Attestation is signed, keep this completed form in the Candidate’s file.

STEP – TWO ATTACHMENT I

You are required to review chapter 435 and section 430.0402 of the Florida Statutes. It is your responsibility to review the above statutes available at <http://www.leg.state.fl.us/statutes/>.

FLORIDA STATUTE (or any similar statute of another jurisdiction)	CHARGE/OFFENSE No person subject to the provisions of this section has an arrest awaiting final disposition for, has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere (no contest) or guilty to, or has been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:
393.135	Relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
394.4593	Relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct
409.920*	Relating to Medicaid provider fraud.
409.9201*	Relating to Medicaid fraud.
415.111	Relating to abuse, neglect, or exploitation of a vulnerable adult.
741.28**	Relating to domestic violence.
777.04	Relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
782.04	Relating to murder.
782.07	Relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
782.071	Relating to vehicular homicide.
782.09	Relating to the killing of an unborn child by injury to the mother.
784 – All	All of Chapter 784 offenses relating to assault, battery, and culpable negligence, of offense was a felony.
784.011	Relating to assault, if the victim of the offence was a minor.
784.021	Relating to aggravated assault.
784.03	Relating to battery, if the victim of the offence was a minor.
784.045	Relating to aggravated battery.
784.075	Relating to battery on staff of a detention or commitment facility or on a juvenile probation officer.
787.01	Relating to kidnapping.
787.02	Relating to false imprisonment.
787.025	Relating to luring or enticing a child.
787.04(2)	Relating to taking, enticing, or removing a child beyond state limits with criminal intent pending custody proceedings.
787.04(3)	Relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.

790.115(1)	Relating to exhibiting firearms or weapons within 1,000 feet of a school.
790.115(2)(b)	Relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
794.011	Relating to sexual battery.
794.041	Relating to prohibited acts of persons in familial or custodial authority.
794.05	Relating to unlawful sexual activity with certain minors.
794.08	Relating to female genital mutilation.
796 – All	All Chapter 796 offenses relating to prostitution.
798.02	Relating to lewd and lascivious behavior.
800 – All	All Chapter 800 relating to lewdness and indecent exposure and offenses against students by authority figures.
806.01	Relating to arson.
810.02	Relating to burglary.
810.14	Relating to voyeurism, if the offense is a felony.
810.145	Relating to video voyeurism, if the offense is a felony.
812 – All	All Chapter 812 offenses relating to theft, robbery, and related crimes, if the offense was a felony.
817.034*	Relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems.
817.234*	Relating to false and fraudulent insurance claims.
817.505*	Relating to patient brokering.
817.563	Relating to fraudulent sale of controlled substances, only if the offense was a felony.
817.568*	Relating to criminal use of personal identification information.
817.60*	Relating to obtaining a credit card through fraudulent means.
817.61*	Relating to fraudulent use of credit cards, if the offense was a felony.
825.102	Relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
825.1025	Relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
825.103	Relating to the exploitation of an elderly person or disabled adult, if the offense was a felony.
826.04	Relating to incest.
827.03	Relating to child abuse, aggravated child abuse, or neglect of a child.
827.04	Relating to contributing to the delinquency or dependency of a child.
827.05	Relating to negligent treatment of children.
827.071	Relating to sexual performance by a child.
827.04	Relating to contributing to the delinquency or dependency of a child.
831.01*	Relating to forgery.
831.02*	Relating to uttering forged instruments.
831.07*	Relating to forging bank bills, checks, drafts, or promissory notes.
831.09*	Relating to uttering forged bank bills, checks.
843.01	Relating to resisting arrest with violence.
843.025	Relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
843.12	Relating to aiding in an escape.

843.13	Relating to aiding in the escape of juvenile inmates in correctional institutions.
847 – All	All Chapter 847 offenses relating to obscene literature.
874.05	Relating to encouraging or recruiting another to join a criminal gang.
893 – All	All Chapter 893 offenses (all drug related offenses) relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
916.1075	Relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
944.35(3)	Relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
944.40	Relating to escape.
944.46	Relating to harboring, concealing, or aiding an escaped prisoner.
944.47	Relating to introduction of contraband into a correctional facility.
985.701	Relating to sexual misconduct in juvenile justice programs.
985.711	Relating to contraband introduced into detention facilities.
NO EXEMPTIONS can be granted for the following offenses under Florida Statutes (or any similar statute of another jurisdiction) REGARDLESS of the time elapsed since any confinement, supervision or sanction:	
775.21	Sexual Predator
775.261	Career Offender
943.0435	Sexual Offender – unless the requirement to register as a sexual offender has been removed pursuant to 943.04354

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided ins. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.



FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information in your file that is incomplete or inaccurate, and re**

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reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place a fraud alert on your credit file at no cost. An initial fraud alert is

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a 1-year alert that is

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placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

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TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

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Consent to Use Name, Voice, Likeness & Comments

I, _____, grant to Council on Aging of Volusia County, Inc. (COA) my consent to use my name, comments and/or image (together, the "Intellectual Property") in printed, online or other media for purposes of informational and/or promotional communications associated with COA.

I agree that Council on Aging of Volusia County, Inc. may alter or edit the Intellectual Property as it deems appropriate. My consent is perpetual and unrestricted unless otherwise noted.

Comments:

Signed Name

Printed Name

Date

Address

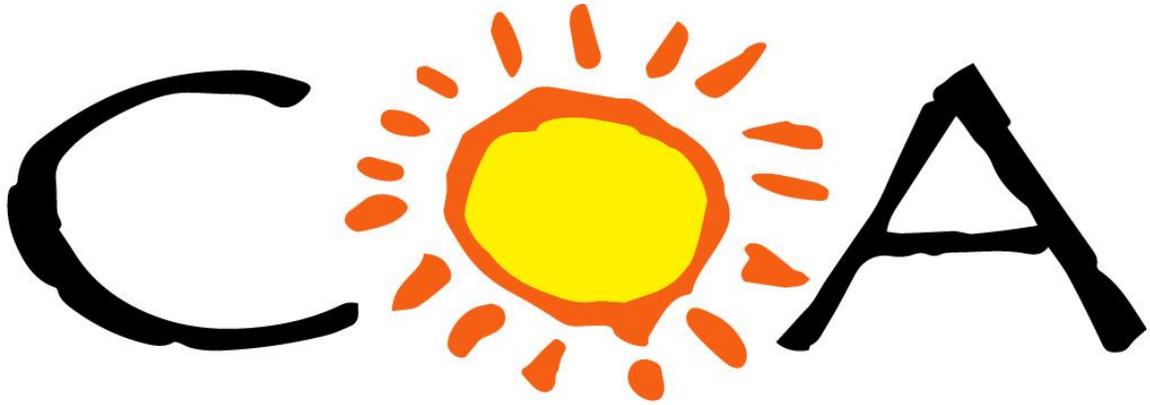
Phone number

Email

Client Volunteer Staff Other _____

DeLand Deltona Holly Hill NSB OC OB PO

Other _____



A NON-PROFIT SERVING VOLUSIA SENIORS

Council on Aging of Volusia County, Inc.

Volunteer Handbook

July 2023

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WELCOME TO THE COUNCIL ON AGING OF VOLUSIA COUNTY

Dear Volunteer:

We're happy to welcome you to the Council on Aging of Volusia County, Inc. ("COA" or the "Organization") and want to thank you for volunteering on our team! We're delighted you have chosen to join us.

You have joined an organization that has established an outstanding reputation for company values and doing great things for the Seniors in our community. Credit for this goes to every one of our employees and our dedicated Board of Directors. We hope that you, too, will find satisfaction and take pride in your volunteer work with us.

As a member of COA's volunteer team, you will be expected to contribute your talents and energies to improve the environment and quality of COA, as well as our services.

Because of our volunteers, we are able to deliver hot meals to our client's homes, serve hot meals in our dining sites and provide socialization opportunities and activities at our senior centers. Volunteers are especially crucial to the success of our Meals on Wheels (MOW) program. To fund MOW, we rely on federal and state funds, fundraisers, churches, civic organizations, corporate support and private donations from individuals who care deeply about our community. But, YOU are the one who delivers the meals which allows our amazing clients to remain in their own home and community.

We hope that you will find this to be a personally enriching experience as you set about changing the lives of COA clients. You are a critical part of COA's success and we thank you for your time, dedication, and unselfish giving.

Warm regards,

Terri Karol & Eveline Kraljic

Terri Karol and Eveline Kraljic
Co-Executive Directors

ABOUT THIS HANDBOOK

This Volunteer Handbook (“Handbook”) is intended to help you get acquainted with the Organization. It explains some of our philosophies and beliefs, and describes in general terms, some of our guidelines. We hope it will serve as a useful reference document during your time as a volunteer. Not all of the Organization’s policies and practices are set forth in this Handbook. We encourage you to reach out to Human Resources for assistance in accessing any of the referenced policies and procedures mentioned in this document should you need further information.

We do not intend for any rule or policy to cause an undue hardship for anyone. We set them forth in this Handbook simply to let you know what to expect from the Organization and what we expect from you. These policies are not unchangeable, but will remain in effect unless changes are considered necessary due to general economic conditions or conditions pertaining to our industry or contract requirements. The Organization reserves the right to make policy changes when, in its opinion, those changes are in the best interests of the Organization. In addition, management also reserves the right to interpret policy and make policy decisions.

CONTENT

This Handbook is the property of the Organization, and it is intended for your personal use and reference as a volunteer of the Organization. Circulation of this Handbook outside of the Organization requires the prior written approval of the Co-Executive Directors.

SCOPE

This Handbook applies to all volunteers and all locations, including off-site locations. This Handbook supersedes and replaces all previous volunteer policies, practices and guidelines, with the exception of policies that may be provided pertaining to program or location-specific practices.

PURPOSE

The purpose of the Handbook is to introduce each volunteer to COA, explain current policies and practices, and to provide a reference tool. It is very important that each volunteer is thoroughly familiar with the policies and procedures contained in this Handbook, as well as any additional policies and/or procedures that may be communicated.

This Handbook serves as a general guide and should not be regarded as constituting a contractual agreement with the Organization.

RESERVATION OF RIGHTS

The Organization reserves the right to revise, delete or add to any and all policies, procedures or work rules stated in this Handbook. All such revisions, deletions or additions may be made at any time, but must be in writing. No oral statements or representations can change or alter the provisions of this Handbook. The Organization will endeavor to announce content changes as necessary.

COMPLIANCE WITH THIS HANDBOOK

Failure to comply with this Handbook may result in dismissal as a volunteer with the Organization.

ACKNOWLEDGMENT

The Organization expects each volunteer to acknowledge receipt of this Handbook and read this Handbook carefully as it is a valuable resource for understanding relationships within the Organization. It is strongly recommended that each volunteer read this Handbook in its entirety within five (5) days of receiving it.

After completing the review of this Handbook, each volunteer must sign the handbook acknowledgment at the end of this Handbook, return the signed Handbook Acknowledgment to the Organization and retain a copy for personal records. The signed Handbook Acknowledgment returned by each volunteer will be placed in that volunteer's file.

QUESTIONS

To obtain information regarding specific policies or procedures, whether or not they are referred to in this Handbook, contact the Community Engagement Liason, who serves as the volunteer coordinator, or the Organization's Human Resources Department. Because COA is a growing and changing organization, it reserves full discretion to add to, modify, or delete provisions of this Handbook, or the policies and procedures on which they may be based, at any time without advance notice. If you have any questions relating to the guidelines in this Volunteer Handbook, please feel free to contact the Organization's Human Resources Department.

HISTORY

The story of Council on Aging began in May of 1966 when the Honorable Haydon Burns, then Governor of Florida, appointed 15 Volusia citizens to evaluate the needs of the elderly. The group elected to incorporate as a non-profit organization called “Volusia County Citizens Advisory Council on Aging”, and Articles of Incorporation and By-Laws were adopted March 23, 1967.

The newly formed Council’s first project, under Title III of the 1965 Older Americans Act, was approved February 1, 1967. The project, “*Community Planning for the Elderly*”, became operational March 1, 1967. The State Commission on Aging approved a grant totaling \$18,495, of which \$5,105 were in-kind contributions in lieu of cash by the City of Daytona Beach and other contributors.

From this small beginning, the Citizens Advisory Council on Aging continued to expand, obtaining various additional Federal, State and local grants and implementing many new programs, including Congregate Dining, Meals on Wheels, Community Care for the Elderly (CCE), Alzheimer’s Disease Initiative (ADI), and Home Care for the Elderly (HCE).

The Council initiated Volusia County’s Para transit operation for disadvantaged and handicapped individuals, and managed this service for 12 years until it was acquired by the Volusia County public transit system in July 1994.

In 1991 the agency assumed a new role in the area of court-appointed Guardianship. This service was started to support those elderly who voluntarily or involuntarily become unable to ensure their own physical and mental wellbeing and need to have their welfare managed.

In April 1976, the Organization was renamed “Volusia County Council on Aging”, and in February 1993, adopted its current title, “Council on Aging of Volusia County”.

In September 2006, the Organization opened its Home Health Agency, which was later sold in 2012. In January, 2009, the Private Pay Division (In-Home Services) was added to provide services to any individual able to pay for themselves. In May, 2011 COA added Housekeeping and Handyman services to its private pay operations. All the private pay division proceeds allow COA to provide more services to the vulnerable senior population of Volusia County.

The Council maintained its headquarters at 160 North Beach Street, Daytona Beach until the building was rendered uninhabitable by Hurricane Irma in 2017. After some temporary moves, the new headquarters were founded at 420 Fentress Blvd, Daytona Beach. The Council also operates several congregate dining facilities throughout Volusia County as well as senior centers in Deltona, Orange City, Ormond Beach and New Smyrna Beach. The Council on Aging will continue to provide quality services to meet the needs of senior citizens and their families through an active partnership of public and private enterprises.

ETHICS & STANDARDS OF CONDUCT

ETHICS

The Organization expects volunteers to exercise the highest degree of professional ethics in all actions they undertake on behalf of the Organization and act in accordance with its mission and acceptable ethical and business practices at all times. Volunteers are expected to use good judgment, adhere to high ethical standards, and avoid situations that create an actual or perceived conflict between their personal interests and those of COA.

Violation of Law

The Organization expects all volunteers to conduct themselves in a professional manner and with integrity. Compliance with applicable State, Federal and local laws is expected as a matter of Organizational policy. Individuals engaging in illegal activities may be subjected to both corrective action by the Agency and individual criminal/civil penalties under the law.

Any volunteer who has been convicted of, pled guilty to, did not contest, forfeited bail, or was granted a deferred judgment to any criminal conduct under law or ordinance is to notify Human Resources, in writing, within five (5) calendar days. Such notification requirement excludes only minor traffic violations. Failure to promptly report may result in dismissal as a volunteer.

Confidential Information

Our clients, customers, and other parties with whom we do business entrust the Organization with important information relating to their businesses, and/or personal life.

All volunteers understand and agree that in the course of their relationship with COA, they will receive and become aware of information, projects, practices, client contacts, and potential client information which is sensitive and confidential in nature. During the normal course of business, volunteers may become aware of names, phone numbers, addresses, Social Security Numbers and medical information on current clients or future clients. Volunteers must keep all such information strictly confidential, and further will not communicate, disclose, divulge or otherwise use, directly or indirectly, such confidential and/or sensitive information.

The protection of confidential business and patient information is vital to the interests and success of the Organization. For more information about improper use or disclosure of confidential information, refer to COA's Organizational Policies: Confidential Information and/or HIPAA Privacy.

STANDARDS OF CONDUCT

Individuals who volunteer with COA must possess several qualities, the foremost being a strong desire to help the elderly of our community. Additionally, volunteers must possess:

- Optimistic outlook
- Sense of humor
- Patience
- Tactfulness
- Dependability

- Ability to maintain confidentiality
- Ability to maintain professional boundaries with clients, staff and other volunteers
- Professional appearance

All volunteers must adhere to COA's standards on confidentiality. Given this, volunteers should not ask employees for personal information on clients and should not disclose information, including names of clients to others.

Volunteers are not permitted to make personal visits or calls to clients outside of their volunteer responsibilities. If clients ask for assistance, the volunteer should refer the client to their case manager. Volunteers who are found to violate COA's standards of conduct may be dismissed as a COA Volunteer.

ORGANIZATIONAL POLICIES

The Senior Leadership Team has the responsibility to develop, institute and enforce organizational policies and practices to govern the operations of COA. COA's organizational policies apply to all employees and volunteers

It is the responsibility of all volunteers to know and comply with COA's organizational policies. The Organization does not tolerate conduct that is in violation of its policies.

The most current organizational policies may be reviewed in their entirety in a binder maintained at each off-site location or in the Human Resources Department.

REPORTING NONCOMPLIANCE WITH ORGANIZATIONAL POLICIES

The Organization is committed to high standards of ethical, moral and legal business conduct. Volunteer reporting is an integral part of the Organization's efforts to prevent, detect and correct issues. As such, the Organization encourages volunteers to report suspected or actual noncompliance with organizational policies.

The Organization strictly prohibits retaliation or reprisal of any kind against an individual who has reported or provided information regarding potential or actual misconduct.

EQUAL OPPORTUNITY AND DIVERSITY

Equal Opportunity

The Organization is an Equal Employment Opportunity (EEO) organization. As such, the Organization provides equal opportunities to all volunteers without regard to any characteristic protected by applicable law.

For more information, refer to COA's Organizational Policy: Equal Opportunity.

Nondiscrimination

The Organization is firmly committed to creating and maintaining an environment free of discrimination or harassment based on any characteristic protected by applicable law. In keeping with this commitment, the Organization does not tolerate discrimination or harassment of or by its employees, volunteers, clients, or anyone associated with or conducting business with the Organization.

For more information, refer to COA's Organizational Policy: Equal Opportunity.

Sexual Discrimination, Sexual Harassment and Sexual Violence

The Organization is firmly committed to creating and maintaining an environment free of sexual discrimination, sexual harassment and/or sexual violence. The Organization will not tolerate harassment of volunteers by other volunteers or employees.

For more information or procedures to file a report of sex discrimination, sexual harassment or sexual violence, refer to COA's Organizational Policy: Sexual Misconduct.

Reasonable Accommodations for Volunteers with Disabilities

The Organization makes reasonable accommodations for the known disability of an otherwise qualified individual, unless undue hardship on the operation of the business would result.

The Organization invites and encourages timely voluntary self-identification by volunteers with disabilities. Creating an accessible environment is a collaborative process that involves the efforts of Human Resources, the volunteer and the volunteer's supervisor. Volunteers, themselves, must identify the need for accommodations and give adequate notice of the need. Volunteers who may require a reasonable accommodation in order to perform the requisite job requirements or to access facilities should contact Human Resources.

Reasonable accommodations do not include measures that fundamentally alter the job responsibilities or which place an undue financial burden on the Organization.

Service Animals on Premises

The Organization generally allows individuals with disabilities to bring service animals on COA premises for work or tasks related to disabilities in compliance with the Americans with Disabilities Act (ADA).

Diversity

The Organization is committed to creating and maintaining an environment in which all volunteers have an opportunity to participate and contribute to its success and are valued for their skills, experiences and unique perspectives. This commitment is embodied in policies and the way the Organization conducts business and is an important principle of sound business practices.

MISCONDUCT

The Organization strives to maintain an environment that fosters mutual respect and promotes harmonious, productive working relationships. The Organization expects volunteers to treat each other in a manner in which they would like to be treated and to others give the respect that is due

to every individual, whether it is a fellow volunteer, client, employee, member of management, customer, vendor, or visitor to our premises.

By accepting a volunteer assignment with the Organization, volunteers have a responsibility to the Organization and their fellow volunteers to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict a volunteer's rights, but rather to be certain volunteers understand what conduct is expected and necessary. When each person is aware that he or she can fully depend upon others to follow the rules of conduct, the Organization will be a better place for everyone.

Misconduct

The Organization takes great pride in its high standards when it comes to serving its clients and community as well as the way its volunteers interact with one another and employees. It is important that volunteers carry out their responsibilities in a manner that reflects positively on the Organization and that all interactions with volunteers, clients, employees, and individuals associated with or conducting business with the Organization should always support COA's objectives.

VOLUNTEER PRACTICES AND PROCEDURES

BACKGROUND CHECKS

To ensure that individuals who volunteer for the Organization are well qualified and to ensure that the Organization maintains a safe and productive work environment, it is our policy to conduct background checks on all potential volunteers. Anyone who will volunteer for twenty (20) hours or more per month and/or will deliver meals will be required to undergo fingerprinting for Level II background clearance.

All background checks are conducted in conformity with the Federal Fair Credit Reporting Act, the Americans with Disabilities Act, and State and Federal privacy and antidiscrimination laws. This background screening may include a fingerprint search of FBI files. Reports are kept confidential and are only viewed by individuals involved in the volunteer process.

If information obtained in a background check would lead the Organization to deny volunteer status, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report's accuracy. Background checks may include a criminal record check for convictions, although a criminal conviction does not automatically bar an applicant from volunteering.

DRIVER'S LICENSE, INSURANCE AND DRIVING RECORD

Volunteers whose responsibilities require operation of a motor vehicle must present and maintain a valid driver's license, proof of State minimum auto insurance and a driving record acceptable to the Organization's insurance carrier. Volunteers may be asked to submit a copy of their driving record and proof of insurance to the Organization at any time. Any changes in driving record must be reported to the Human Resource department immediately.

In all cases, the primary auto insurance is that of the volunteer, even if an accident occurred while discharging his/her duties as a volunteer. For more information, refer to COA's Organizational Policy: Driving Standards.

Under no circumstances should volunteers provide transportation to COA clients in their personal vehicles.

ALCOHOL AND SUBSTANCE ABUSE

The Organization recognizes a responsibility to help provide a safe and productive environment for everyone. It is the Organization's policy to maintain a drug-free environment. The Organization prohibits the illegal use, possession, sale, manufacture or distribution of drugs, alcohol or other controlled substances.

For more information, refer to COA's Organizational Policy: Drug and Alcohol Use

TOBACCO USE

Motivated by the desire to provide a healthy environment for our constituents, the Organization has adopted a Tobacco-Free Workplace Policy. Pursuant to that Policy, the following conditions apply:

- The smoking of any substance and/or the use of smokeless tobacco products is prohibited:
 - Inside any COA building, whether owned or leased, including the main office, all dining sites, respite centers, senior centers and/or client homes;
 - Inside any COA vehicle, client vehicle and/or personal vehicle while performing COA business;
 - Within 20 feet of any COA building, including any leased location such as senior centers, dining sites, respite centers, etc.;

For more information, refer to COA's Organizational Policy: Tobacco-Free Workplace

DRESS CODE

The Organization strives to maintain a business atmosphere while at the same time being responsive to the trend of more casual and comfortable attire. A professional appearance is essential to achieving a favorable impression with clients and other business partners. Appropriate dress and a neat appearance reflect pride and inspire client confidence. Volunteers must report for duty dressed appropriately, neat and well groomed.

FRAGRANCES

Employees, volunteers, clients and visitors may have sensitivity or allergic reactions to various fragrant products. The use of scented personal products, such as fragrances, colognes, lotions, powders, essential oils, etc., that are perceptible to others should not be worn.

Any volunteer with a concern about scents or odors should contact the site coordinator or the Human Resources department.

COMMUNICATION

MEDIA CONTACTS

The Organization's relationship with the media is an important one that affects our image in the community. Volunteers are to refer all questions or requests for information from reporters and other media representatives to the Co-Executive Directors to ensure consistency and accuracy of information. No statements are to be given to any news media without the expressed consent of the Co-Executive Directors or their designee.

SOLICITATION, DISTRIBUTION OF LITERATURE & POLITICAL ADVOCACY

The Organization has established rules applicable to all employees, vendors and volunteers, which govern solicitation, distribution of written material, political advocacy and access to Organization property. Strict compliance with these rules is required.

- Volunteers are prohibited from engaging in solicitation, circulation and distribution of products and/or information during their volunteer time.
- Volunteers are prohibited from using their Organization position or its name, property or resources to endorse or make contributions to any candidate for political office. This includes use of the Organization's social media sites.

TIMEKEEPING PROCEDURES

Volunteer Hours

The Organization is required to keep accurate records of the number of hours a volunteer "works". Every volunteer of the Organization is required to enter their hours accurately, including all lunch periods and any rest periods, on a volunteer log.

GENERAL RELEASE AND WAIVER OF LIABILITY

The organization realizes that while providing volunteer services, relationships are formed with COA clients which may lead to a volunteer wanting to provide additional time and resources outside of their volunteer assignment. The volunteer is strongly encouraged to refer these cases to the site coordinator for additional assistance provided by COA's array of services. This will ensure the client's needs are met and negate any potential liability for the organization and the volunteer. Should the volunteer choose to provide additional services outside the realm of their established assignment, they do so with expressed understanding that should anything averse occur, COA will not be held liable under any circumstances. Should these additional services take place, they may only be outside of the volunteer's assigned hours and duties and when the volunteer is no longer representing COA.

FOR MORE INFORMATION

If any volunteer has questions or needs further guidance, please contact the Volunteer Coordinator or COA's Human Resources department. Nothing in this Handbook is designed to

interfere with, restrain or prevent volunteer communications regarding hours or other terms and conditions of their assignment or to restrain volunteers in exercising any other right protected by law.

HANDBOOK ACKNOWLEDGMENT

I acknowledge receipt of the Organization's Volunteer Handbook. I agree I am responsible for reading, understanding, and following the policies in this Handbook. In so doing, it is my responsibility to ask Human Resources about any of the material that is unclear to me. I understand this Handbook is intended to provide a general overview of the Organization's policies and procedures.

This agreement supersedes all prior agreements, understandings, and representations concerning my relationship with the Organization. Similarly, any future revisions of this Handbook will replace the prior versions of the Handbook.

This Handbook applies to all volunteers.

My volunteer relationship with Council on Aging of Volusia County, Inc. is not for a specified period of time and can be terminated at any time for any or no reason, with or without cause, by me or by the Organization.

The Organization reserves the right to revise, delete and add to the provisions of this Volunteer Handbook.

Volunteer signature

Volunteer's name [PRINT]

Date

Instructions: After completing the review of this Handbook, each volunteer must sign this Handbook Acknowledgment, return the signed Handbook Acknowledgment to Human Resources and retain a copy for personal records. The signed Handbook Acknowledgment returned by each volunteer to Human Resources will be placed in that volunteer's file.