Volunteer Handbook

In Service of Seniors is a Program of

North Hills Community Outreach
People Helping People

North Hills Community Outreach
is a Partner Agency of

Open Your Heart to a Senior | United Way

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Thanks to the National Volunteer Caregiving Network

for Volunteer Handbook content included in this manual
PROGRAM OVERVIEW

IN SERVICE OF SENIORS

In Service of Seniors is a volunteer caregiving program of North Hills Community Outreach that helps seniors age 60 and over live healthy and safe with dignity in their own homes by providing assistance with the needs of daily living.

Through In Service of Seniors, trained, dedicated and compassionate volunteers are matched with seniors to provide transportation to medical appointments, grocery shopping, friendly visiting, telephone reassurance, caregiver respite, home safety checks, light yardwork, snow shoveling, and minor home repairs.

As an In Service of Seniors volunteer, you will provide practical assistance in meeting the daily living needs of the older adult(s) you serve. In doing so, you will enhance the quality of life of your care receiver through socialization, concern, and support.

In Service of Seniors volunteers:
- show interest and compassionate concern for the elderly living in the community;
- a willingness to help “neighbors in need” by providing services according to ability, interest, and availability;
- respect for all faith traditions and cultures in our community; and
- the ability and willingness to work with persons from all faiths and cultures regardless of race, color, creed, social standing, sexual orientation, or national origin

Responsibilities as an In Service of Seniors volunteer:
- Attend the In Service of Seniors orientation and training session;
- Complete the volunteer application, including PA State Criminal Background Clearance, Child Abuse Clearance, confidentiality statement, and personal references
- Honor confidentiality and the privacy of care receivers
- Maintain respect for staff, volunteers and care receivers
- Represent In Service of Seniors/North Hills Community Outreach in the community and refer potential volunteers
- Report volunteer hours monthly
- Alert the In Service of Seniors coordinator if anything changes with relationship to the care receiver, your volunteer interest or availability
- Contact the In Service of Seniors coordinator with any questions or concerns related to the program and/or volunteering
Benefits of Being an In Service of Seniors Volunteer:

- Training and continuous learning opportunities
- Joy from sharing the gift of service with those in need
- Being part of a growing community-wide and national movement of volunteer service to “neighbors in need”
- Belonging to the Open Your Heart to a Senior regional network of volunteers dedicated to serving the elderly
- Recognition of your valuable and valued service as an In Service of Seniors and Open Your Heart to a Senior volunteer
VOLUNTEER SERVICES

BASIC INFORMATION FOR VOLUNTEERS

General Volunteer Policies and Guidelines

Who Can Be a Volunteer Caregiver?
Volunteers that provide direct services for Care Receivers must:

- Complete a Volunteer Application
- Complete Volunteer Orientation
- Provide three personal, non-family references that support eligibility
- Complete required PA State Criminal Background Check and Child Abuse Clearance
- Provide a copy of a valid state driver’s license or other valid ID
- Provide proof of automobile liability insurance

What Is the Role of Friends and Family Members?
Only those who attend the Volunteer Orientation and complete the process outlined above are authorized to provide services to Care Receivers on behalf of In Service of Seniors. These responsibilities cannot be transferred to any other person, such as a family member, co-worker, or employee.

What About Volunteer Groups?
A trained Volunteer must accompany and supervise any group providing services as a team. If it is not possible or feasible for any team member to attend orientation, a group may provide team services with the consent of the Care Receiver and with the understanding of the following:

- Care Receivers may or may not have had an in-home assessment
- Volunteers may or may not have attended orientation.
- Youth groups MUST be accompanied and supervised by adults.
- North Hills Community Outreach/In Service of Seniors will not be liable for any incidents.

Gifts/Tips/Solicitations
Volunteers are not permitted to accept money or personal gifts of any significant value from Care Receivers or their families. If Care Receivers or their families want to give a gift, the Volunteer should suggest that they make a contribution to the North Hills Community Outreach In Service of Seniors program.
As a Volunteer, you may not promote or solicit for your own business, charity, religion or political agenda while volunteering.

**Complaint/Grievance Policy**
As a Volunteer you are encouraged to bring any and all questions, concerns and suggestions for improvement to supervising staff at North Hills Community Outreach and In Service of Seniors. Every effort will be made to ensure that you have a positive experience of service.

Any concerns about your Volunteer assignment should first be discussed with the In Service of Seniors Coordinator overseeing Volunteers.

If the problem remains unresolved, or if you want to appeal any decision(s) made, you should contact the In Service of Seniors Program Manager and he/she will direct you about the next steps that may be taken.

**Reasons for Disqualification or Dismissal of Volunteers**
You are expected to conduct your duties in full compliance with the law and in an honest, fair, and courteous manner. Although North Hills Community Outreach acknowledges there must be flexibility in dealing with Volunteers, occasionally Volunteers may be disqualified or dismissed for, but not limited to, the following reasons:

- Persistent disregard for the policies and procedures outlined in this handbook and any supplementary materials provided from NHCO.
- Unreliability with activities concerning the Care Receiver or his/her family.
- Conduct that brings discredit to NHCO or interferes with service provision.

**Procedures for Dismissal**
Defined procedures will be followed in the dismissal of a Volunteer. However, with the approval of the Program Manager, a Volunteer may be released without advance notice or without any opportunity to appeal the decision or be reinstated as a Volunteer in the future.

Unacceptable behavior which does not lead to immediate dismissal will be dealt with in the following manner:

- Reminder via best method of communication (phone, e-mail, etc.);
- Written warning;
- Telephone counseling session with appropriate Staff; and/or
- Termination.
Volunteer Rights and Responsibilities

Volunteer Rights (What You Can Expect from In Service of Seniors):

- To be assigned a job that is meaningful, worthwhile and contributes to the organization’s mission.
- To receive an orientation and the training/supervision necessary to do the job.
- To be trusted with confidential information necessary to carry out your assignment.
- To know to whom you are responsible and who will answer your questions.
- To serve in situations which are not hazardous to your well-being.
- To have your Volunteer role thoroughly explained and to know what is expected of you prior to starting your Volunteer assignments.
- To receive feedback on the volunteer work that you perform.
- To be treated with respect at all levels of the organization.
- To expect that your time will be used wisely through the organization’s best efforts at planning and coordination.
- To determine the number of hours you can work and the services you will offer.
- To refuse any assignment or request a reassignment.

Volunteer Responsibilities (What In Service of Seniors Expects From You):

- To be punctual and dependable on assignments.
- To notify your Coordinator as soon as possible if unable to fulfill an assignment.
- To follow policies and procedures as outlined in this Handbook.
- To honor the confidentiality guidelines.
- To report promptly any unusual or unexpected incidents related to an assignment and to report mistreatment of older and other adults with disabilities.
- To respect people of different backgrounds, family situations, values and spiritual beliefs and understand that the Volunteer role does not include witnessing or proselytizing.
- To honor the importance of communication with your Coordinator and Staff by promptly returning e-mail messages and phone calls.
- To submit monthly details of service.
- To update In Service of Seniors by providing updated contact information and with current information each time your driver’s license or auto liability insurance is renewed.
- To end well. If you need to end your Volunteer assignment for any reason, please notify the In Service of Seniors Coordinator.
General Limits of Volunteer Responsibilities

- Volunteers should perform only assigned duties. Requests for additional services for a Care Receiver are to be made through the In Service of Seniors office.
- In Service of Seniors will not share the phone number of any Volunteer with the Care Receiver and recommends that Volunteers not share their phone numbers. (NOTE: Caller ID will need to be de-activated to prevent phone number sharing. Please use *67 to block your number).
- Volunteers may decline to lift or transport wheelchairs, although they may push Care Receivers in wheelchairs.
- Volunteers are not permitted to provide any personal care services for Care Receivers, including bathing, toileting, and dressing. North Hills Community Outreach is not a licensed home health agency.
- Volunteers should not handle hazardous waste.
- Volunteers are not permitted to count out or administer medications, either prescription or over-the-counter. Volunteers may remind Care Receivers to take their medication.
- Volunteers should not take sides in the personal problems of a Care Receiver, especially those involving the Care Receiver’s family.
- Volunteers are not to give Care Receivers advice on legal, medical, financial, investment, insurance, banking, or personal issues.
- Volunteers are not permitted to sign checks or legal documents of any kind on behalf of the Care Receiver.
- Volunteers must not be named on any type of bank account, insurance policy or other document as a co-signer or beneficiary of funds.
- Volunteers may not be given any form of power of attorney or permission to act on behalf of the Care Receiver.
- Volunteers must respect the spiritual and religious practices of the Care Receiver, the primary Caregiver, and the family. In Service of Seniors offers services to Care Receivers from many faith traditions, as well as those who have no faith tradition. Volunteers must never use their relationships with Care Receivers to witness or proselytize for a particular religion.
- Volunteers may not promote or solicit Care Receivers for their own business, charity, or political agenda.
- Volunteers must not expose Care Receivers or other family members in the household to a contagious disease. If you develop a cold, flu, or fever or are exposed to a contagious disease, notify your Coordinator immediately so arrangements can be made to cover your assignment.
until you are well.

• Volunteers should never loan money to Care Receivers and should never accept money for services provided. If Care Receivers or their families want to give a gift, the Volunteer should suggest that they make a contribution to North Hills Community Outreach directly.

• Volunteers are not permitted to drive a Care Receiver’s vehicle without prior special arrangements.

• If in doubt about whether to do something a Care Receiver requests, don’t do it! Contact your Coordinator first.

Confidentiality

Confidentiality relates directly to the bond of trust between caregiving organizations and the Care Receivers who request assistance. Organizations have an obligation to Care Receivers both to maintain their confidentiality and respect their privacy.

Both during and after their involvement with Care Receivers, any personal information Volunteers learn about their Care Receivers and their situations should be kept confidential. Volunteers should express concerns about their assignment with their Care Receivers only with their Coordinators.

At times, Volunteers may find themselves in situations in which they see and hear things that are meant to be kept confidential but are important not to ignore for the health and safety of the Care Receiver. Please note that it is not a violation of confidentiality to report suspected mistreatment to Adult Protective Services. Check with In Service of Seniors for procedures to follow.

Volunteers may share information about resources with their Care Receivers, but they should always discuss the situation with their Coordinator and get permission from the Care Receiver before making referrals to other agencies.

Volunteers must agree that:

• They will not disclose the identity of any Care Receiver to anyone outside of North Hills Community Outreach.

• They will not disclose personal information that they are privy to through their Volunteer caregiving role to anyone outside of North Hills Community Outreach.

• They will disclose to the Coordinator information about situations that may be potentially harmful to their Care Receivers or that may jeopardize North Hills Community Outreach or its programs.
Setting Boundaries

Boundaries are the healthy limits in adult relationships that allow us to expend energy in our interactions with others while maintaining the energy we need to care for ourselves. Boundaries allow us to say no when the expectations of others go beyond the scope of what we can give.

What Happens When You Cross Your Boundaries

- By crossing boundaries, you “enable” the Care Receiver. You may cause them to rely on you rather than make decisions for themselves, take action to help themselves, or enlist the help of family members, who could be encouraged to take more responsibility for their care.
- Giving Care Receivers more time than you previously agreed to can cause them to demand services and time above that of your Volunteer service commitment. This may cause burnout and eventually take the joy out of being a Volunteer.
- It may confuse the relationship if you cross the boundaries that have been set and then try to return to original boundaries. Care Receivers may wonder why you stayed or performed a certain task before and will not do it now. They may feel as though you are rejecting the relationship, rather than the task. *It is vital to communicate what you are there to do and how long you can commit at the beginning of the relationship.*

Boundary Tips for Volunteers

- **DO NOT** give Care Receivers your phone number.
- Inform the Care Receiver up front what you can do and how long you can stay.
- It’s OK to make statements about what you are willing to do and not do.
- It’s OK to turn down a request from a Care Receiver. You can offer to refer needs you can’t meet to your local organization.
- It’s OK to say no and even to say it again if it isn’t heard the first time.
- It isn’t necessary to offer excuses or justifications for saying no.
- **Please** say no if a Care Receiver requests you to do something you are not comfortable with doing, if you do not have time to do something you are asked to do, if you feel incapable or inadequate to do something you are asked to do, or if you are being asked to do something outside of the scope of your role as a Volunteer.
What to Do in an Emergency

Emergency situations, although rare, can occur whenever Volunteers are on assignment with Care Receivers. It is important to remain calm, focus on the person in need, and immediately notify the proper authorities for emergency assistance. *Volunteers should not try to handle emergency situations on their own and should never take responsibility for transporting ill or injured Care Receivers.*

What do you do if you arrive at the Care Receiver’s home for a pre-arranged visit or appointment and no one comes to the door?

1. Call the Care Receiver from your cell phone.
   • When calling the Care Receiver, please let the phone ring at least 10 times prior to hanging up. If the Care Receiver does not answer, hang up and try again in a few minutes. Please make 2-3 attempts to telephone the Care Receiver. There are several non-emergency reasons that may prevent the Care Receiver from answering the door or phone immediately, such as having lost track of time, walking slowly to the door or telephone, or using the bathroom.
   • In most cases the Care Receiver has accepted a ride with a friend/family member or forgotten their appointment. Call your Coordinator if you cannot reach the Care Receiver.

2. **DO NOT ENTER THE HOUSE ON YOUR OWN.**
   If you see anything suspicious or alarming (broken glass, windows or doors that appear to have been forced open, smell of gas, etc.) you should **GO TO A SAFE PLACE** and call 911 immediately. Notify In Service of Seniors immediately.

3. The Volunteer’s responsibility for the Care Receiver ends when the emergency contact or emergency personnel arrive.

4. Report the emergency situation to your Coordinator as soon as possible after emergency personnel have the situation under control.

What do you do if your Care Receiver falls or there are other emergencies?

1. Call 911.
2. Keep the Care Receiver comfortable and be as reassuring as possible. **Do not attempt to help a fallen individual get up.**
3. If during business hours, call your Coordinator so that they can notify the emergency contact.

4. Stay with the Care Receiver until the emergency contact or emergency personnel arrive.

5. The Volunteer’s responsibility for the Care Receiver ends when the emergency contact or emergency personnel arrive.

6. Report the emergency situation to your Coordinator as soon as possible after emergency personnel have the situation under control.
Common Health Conditions Among Seniors

SENSORY CHANGES

Some sensory changes normally occur with aging. Vision may be clouded by cataracts or improperly fitting lenses, making it difficult to see the small print to make change for groceries.

Hearing begins to fade after the age of 35 years. The hearing range usually lost includes the higher-pitched octaves. **These octaves contain most door bells and telephone ring sounds.** A knock at the door is often heard when the doorbell is not.

The sense of smell and taste seem to diminish as we age. Scorched items on the stove or smoke may not be noticed as quickly. These changes can pose a safety issue for an older adult living alone.

CARDIOVASCULAR DISEASES

Approximately 66 million Americans suffer from some form of cardiovascular disease.

**Heart Attack** is caused by complete obstruction of a coronary artery, by plaque, or by a blood clot. A heart attack is also called a myocardial infarction. It causes the heart to beat irregularly and to miss beats; a heart attack can cause the heart to stop beating completely.

**Recognize the signs of a heart attack:**

Chest discomfort: Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

- Discomfort in other areas of the upper body: Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath: May occur with or without chest discomfort.
- Other signs: These may include breaking out in a cold sweat, nausea or lightheadedness.

**Stroke** – The word “stroke’ is used to describe sudden damage to the nerve cells in the brain. These cells affect walking, feeling, eating, and talking. This damage often causes paralysis to one side of the body. Strokes can be caused by bleeding in the brain, clogging of an artery or blood vessel in the brain, and many other physical problems.
Possible side effects for recovering stroke victims include emotional mood swings, depression, and memory lapse.

Some stroke victims lose the ability to communicate. Some people’s brains cannot interpret incoming stimuli. Other people’s brains understand stimuli but they cannot make verbal expressions. Some stroke victims experience trouble in both of these areas.

Attempts should be made to communicate with the stroke victim. Always speak slowly and clearly but not with unnecessary loudness. Give the older adult plenty of time to find words and don't pretend to understand. Say, “I’m sorry, but I don't understand.” Be encouraging and use gestures to talk. SHOW as well as TELL. Daily exercise is strongly encouraged for stroke victims.

**Recognize the signs of stroke:**

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

**Strokes happen quickly.** The faster a person showing signs of a stroke receives medical help, the less severe the damage may be. Here are some tips for recognizing a stroke “FAST” (from the American Red Cross):

**Face:** Weakness on one side of the face
- Ask the person to smile; this will show if there is drooping or weakness in the muscles on one side of the face

**Arm:** Weakness or numbness in one arm
- Ask the person to raise both arms to find out if there is weakness in the limbs

**Speech:** Slurred speech or trouble getting the words out
- Ask the person to speak a simple sentence to listen for slurred or distorted speech (e.g.: I have the lunch orders ready)

**Time:** Time to call 911 if you see any of these signs
- If a person has difficulty with any of these tasks or shows any other signals of a stroke, note the time that the signals began and call 911 right away
DEPRESSION is the most commonly seen mental disorder in the elderly. Yet according to the National Institute of Mental Health, it is “a widely under-recognized and under-treated medical illness”. For many, depression in old age occurs as the result of devastating losses sustained by elderly individuals. Depression may be of relatively short duration, or it may be prolonged. Common symptoms of depression in the elderly include fatigue, physical complaints, loss of appetite, sleeplessness, apathy, and crying. Serious depression may also result in decreased cognitive abilities, such as poor memory, distractibility, and impaired decision making. The Pennsylvania Behavioral Health and Aging Coalition’s website contains information as well as links to other useful pages concerning mental health and older adults: www.olderpennsylvanians.org. If your care receiver is in crisis and needs to speak to someone immediately, they can call the Re:Solve Crisis Network’s free 24-hour hotline at 1-888-796-8226. If your care receiver is interested in speaking with a therapist, they can speak with their physician or their care manager if they have one. In Service of Seniors staff can also make referrals to community-based mental health clinics.

DIABETES results when the body does not have enough insulin to use. The two types of diabetes are Type 1 (formerly known as “juvenile”) and Type 2 (formerly known as “adult-onset”).

Type 1 diabetes is usually more serious and almost always requires taking insulin. Type 2 diabetes can often be controlled by meal planning. Meals should never be skipped. Some diets restrict all sugar while others allow natural sugars from fruits. Symptoms such as cold, clammy sweat; extreme fatigue, or dizziness, weakness, or shakiness may indicate low blood sugar. This condition can be relieved by having the person ingest something with sugar in it, like fruit juice. You should also contact the person’s family or dial 911 if you notice such symptoms.

DEMENTIA AND ALZHEIMER’S DISEASE
What are Dementia and Alzheimer’s?

Dementia is a general term for loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by physical changes in the brain. Dementia “makes it hard for a person to remember, learn and communicate.” As the dementia progresses, it becomes hard for the person to care for himself or herself. Dementia may also cause mood or personality changes. Alzheimer’s disease is the most common type of dementia, accounting for 60 to 80 percent of cases.

Alzheimer’s “is a progressive and fatal brain disease” with no current cure. “As many as 5.3 million Americans are living with Alzheimer’s disease. Alzheimer's destroys brain
cells, causing memory loss and problems with thinking and behavior severe enough to affect work, lifelong hobbies or social life. Today it is the seventh-leading cause of death in the United States” (from the Alzheimer’s Association http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp, retrieved 11/6/09).

*Communication* is often difficult when dealing with a person with Alzheimer’s disease.

*Touching* is a very important tool to remember. Sensations from the skin are apparently represented by a large area of the brain and, therefore, stand more chance of “getting through” to someone with Alzheimer’s disease.

Lack of touching is often interpreted by the person as personal and social rejection. By using this means of communication you can help reduce the person’s feelings of confusion and insecurity while increasing mutual understanding. Remember these helpful hints for successful oral communication:

- Set a positive mood for interaction
- Get the person’s attention
- Establish eye contact
- Explain what you want to do in simple terms; state your message clearly
- Keep sentences short and ask simple, answerable questions
- Reinforce what you are saying with nonverbal gestures
- Listen with your ears, eyes and heart
- Break down activities into a series of steps
- When the going gets tough, distract and redirect
- Respond with affection and reassurance
- Remember the good old days by asking about their past memories that are still intact
- Maintain your sense of humor

Wandering is also a common problem in people with dementia. They often remain “on the go” for as much as one-third of the day. They are less likely to socialize and have problems communicating. Wandering is not aimless. Eighty percent of the patients wander because it fulfills some need. Let them pace or roam to work off stress or energy. Just make the area as safe as possible by removing all harmful substances and potential safety hazards.
Sometimes older adults wander when they are trying to find something. If you notice someone roaming, check to see if perhaps they are looking for the bathroom. It is possible that they can’t remember where it is.

Anxiety is another problem that often affects Alzheimer’s patients. It can be reduced by providing a calm, structured environment free of as many external stimuli as possible. Crowds of people often increase confusion and heighten anxiety. Alzheimer’s clients often need continuous reminders that their family members will return. This reinforcement helps to relieve their “lost” and anxious feelings.

**Alzheimer’s and other dementias are NOT a part of normal aging!**

(from the Alzheimer’s Association: [http://www.alz.org/alzheimers_disease_know_the_10_signs.asp](http://www.alz.org/alzheimers_disease_know_the_10_signs.asp), retrieved 11/6/09)

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<th>Signs of Alzheimer’s</th>
<th>Typical age-related changes</th>
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<td>Poor judgment and decision making</td>
<td>Making a bad decision once in a while</td>
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<td>Inability to manage a budget</td>
<td>Missing a monthly payment</td>
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<td>Losing track of the date or the season</td>
<td>Forgetting which day it is and remembering later</td>
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<tr>
<td>Difficulty having a conversation</td>
<td>Sometimes forgetting which word to use</td>
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<tr>
<td>Misplacing things and being unable to retrace steps to find them</td>
<td>Sometimes forgetting where things were placed</td>
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**Learn how to recognize the symptoms - 10 Warning Signs of Alzheimer’s:**

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, at work or at leisure
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality
SOURCES: Senior Care Network. *Caring for the Elderly: Volunteer Handbook.* Charlotte, NC 28233
AARP. *The Heart of a Healthy Life Kit,* Washington, D.C. 20049

SENIOR ABUSE
In Service of Seniors should be notified **immediately** if any of the following signs of mistreatment are noticed:

- **Exploitation** is the illegal or improper use of the adult or his/her resources for another person’s profit or advantage. This includes taking advantage of or stealing the person’s money or possessions.
- **Abuse** is the willful infliction of physical pain, injury, mental anguish, unreasonable confinement or *willful* deprivation by the Caregiver of services that are necessary to maintain mental/physical health.
- **Caretaker Neglect** is failure of the Caregiver to provide services to maintain the mental/physical health of the adult.
- **Self-neglect** involves an adult with a disability who lives alone or has no Caregiver and is not able to provide necessary services to maintain his/her mental or physical health.

**Common Behavioral Indicators of Mistreatment**

- Avoidance of eye contact;
- Depression;
- Confusion;
- Suspicious or paranoid behavior;
- Hostile behavior toward a Caregiver;
- Radical change in behavior;
- Hesitance to talk openly;
- Withdrawal from friends and activities; and/or
- Anxiety around a Caregiver or a certain area of the home.
TRANSPORTATION SERVICES

In Service of Seniors volunteer drivers increase independence and reduce isolation and loneliness of care receivers by providing door-to-door and/or door-through-door transportation for individuals to and from medical appointments, grocery store and other needed errands.

In Service of Seniors has two transportation programs:

(1) **One-on-one transportation** provided by volunteers using their own vehicle to transport seniors age 60 and older;

(2) **Free Rides for Seniors 10-passenger shuttles**, providing transportation at no charge to seniors age 60 and older, Monday through Friday from 10am – 4pm, as follows:

  Shuttle #1 serves Blawnox, Aspinwall, Fox Chapel, Sharpsburg and O’Hara with rides to UPMC St. Margaret, medical appointments, grocery stores, pharmacies and other destinations of critical importance;

  Shuttle #2 serves Millvale, Etna, Brackenridge, Tarentum, Natrona Heights and Oakmont with rides to UPMC St. Margaret, UPMC Harmar, UPMC Natrona Heights and other UPMC medical facilities in the UPMC St. Margaret footprint

Free Rides for Seniors shuttle volunteers work either a morning or afternoon shift as a two-person team, with a shuttle driver and on-board “dispatcher” (to answer the on-board phone for ride requests from seniors) on each shift.

Volunteer Driver Qualifications

- Drivers must be at least 25 years old
- Drivers must complete and clear PA State Criminal Background Clearance, Child Abuse Clearance, and PA Motor Vehicle Record Check
- Drivers must provide a copy of a valid Pennsylvania Driving License and proof of automobile vehicle liability insurance coverage
- Drivers must provide proof of valid vehicle registration and vehicle inspection, as required by law.
General Transportation Policies

- Care Receivers must be able to get into and out of a car independently or with minimal assistance.
- Volunteers may assist Care Receivers, but they are not permitted to lift or carry them.
- Volunteers may transport canes and walkers, or wheelchairs if they are comfortable doing so. Care Receivers who use wheelchairs are advised that Volunteers may push them to the car, but they must be able to get out of the chair and into the car seat on their own. Care Receivers must ensure that a wheelchair (or scooter or whatever is needed) is available for them at the other end of the ride.
- Volunteers should never take responsibility for transporting an ill or injured Care Receiver.
- Volunteers are not permitted to drive the Care Receiver’s vehicle.
- Since the safety of Care Receivers is the highest priority, Volunteers are encouraged to have cell phones in their vehicles for emergency situations, but are asked not to use them while driving.
- Volunteers are to obey all traffic laws, regulations, and speed limits. Volunteers are expected to be safe and courteous drivers.
- Volunteer drivers should be aware of the physical limitations of the Care Receiver in terms of climbing steps or walking distances.
- Volunteers should drop off the Care Receiver as close to the door as possible.
- Volunteers should not park in handicap parking unless proper identification is displayed in the car. Some Care Receivers may have an approved parking pass to display.
- If pavement is wet or icy, Volunteers should ask Care Receivers to wait for them to allow them to assist to prevent falls. Volunteers should generally offer their arm in the manner of escorting a person. Volunteers should not cling to or hold anything other than the Care Receiver’s arm—anything more could throw them off balance.
- If weather is inclement and poses a safety hazard, or if Volunteers are uncomfortable providing transportation because of road conditions, they should call the In Service of Seniors Coordinator and the Care Receiver as soon as possible to let them know about the cancellation of the ride.
- In the event of an accident, the Volunteer’s auto insurance policy provides the primary coverage and is at risk up to the coverage limits. See the North Hills Community Outreach Insurance Coverage for Volunteers section.
**Viewing and Accepting Ride Requests**

In Service of Seniors utilizes the web-based, online application **RideScheduler** for all one-on-one ride requests from Care Receivers.

Volunteers receive a login password for Ride Scheduler and are able to view and accept ride requests. Volunteer hours also are entered into RideScheduler once a ride has been completed.

*See the RideScheduler addendum in this manual for instructions on using the application.*

Note: Medical and other occasional ride requests are generally for round-trip services, although one-way trips may also be provided.

**Calling the Care Receiver**

Volunteers must call the Care Receiver they are transporting 1 to 2 days before the scheduled ride to confirm the pick-up, introduce themselves over the phone, and clarify any other aspects of the ride. If this is a first-time trip for a Volunteer with a Care Receiver, the Volunteer should describe his/her appearance and the vehicle to the Care Receiver for recognition purposes.

**Providing the Ride**

Volunteers most often provide door-to-door transportation for medical appointments. When Volunteers arrive at the Care Receiver’s home, they should go to the door and identify themselves by name and as Volunteers for In Service of Seniors. Volunteers should be prepared to accompany the Care Receiver into the office, although some Care Receivers may choose just to be dropped off at the curb.

A Volunteer should allow some flexibility to allow for unanticipated delays. Volunteers should allow extra time for traffic, weather or other unforeseen circumstance in transporting Care Receivers to appointments.

**At the Destination**

- When arriving at an appointment, the Volunteer should assist the Care Receiver with Check In at the office reception desk if needed. The Volunteer should also inquire about the length of the appointment and make arrangements with the Care Receiver either to wait during the appointment or to return at a specific time.
- Volunteers may leave their cell phone numbers with the receptionist (not the Care Receiver) so that they can be called when the Care Receiver is ready to be picked up.
• If the Volunteer leaves during the appointment time, he/she should make clear arrangements to meet the Care Receiver at a specific place (e.g., inside waiting room, pick-up area, sheltered bench).

• Volunteers should always make sure that medical personnel do not mistake them for family members. Since Volunteers are not family members, they should not be informed about personal health information or act as surrogate family members.

• Volunteers should not transport Care Receivers from the doctor’s office to a hospital emergency room. If medical personnel at the doctor’s office recommend that the Care Receiver be immediately taken to the emergency room, an ambulance should be called for that transport.

• Volunteers may not sign out for a Care Receiver or agree to any sort of obligation from the medical appointment other than transporting a Care Receiver to his/her home.

• In Service of Seniors and North Hills Community Outreach will not be held liable for a Volunteer who takes medical responsibility for a Care Receiver. It is the Care Receiver’s responsibility to know what type of care will be needed following a medical procedure and to make appropriate arrangements.

**The Ride Home**

The Volunteer has sole discretion about adding any other stops to a medical or other occasional ride. Sometimes a Care Receiver will ask to stop to pick up a prescription or shop for groceries on the way home. Volunteers should not hesitate to turn down any request for additional stops and ask the Care Receiver to call the In Service of Seniors Coordinator with additional needs.
Standards for Care Receiver Transportation for Grocery Shopping/Essential Errands

- Volunteers should call their Care Receivers the day or evening before a scheduled trip to confirm plans, as well as again right before leaving for the Care Receiver’s home for the appointment.
- The Volunteer and the Care Receiver should agree ahead of time where they will be shopping. The Volunteer should also let the Care Receiver know the length of time the Volunteer has available for the shopping trip.
- The Volunteer should suggest that a shopping list be prepared by the Care Receiver prior to the trip. If assistance is needed in preparing the list, the Volunteer can help.
- Before leaving the Care Receiver’s home, the Volunteer should ask if the Care Receiver has everything needed (shopping list, money, checks, credit cards, coupons, prescriptions, ID cards, etc.) for the shopping trip.
- Before each trip with a Care Receiver, the Volunteer should ask the Care Receiver how much assistance is needed. Some Care Receivers need someone to accompany them into the store (to help with reading labels or reaching high or low items on the shelves, for example) while others may prefer to be dropped off in front of the store and picked up at an agreed upon time. Care Receivers with mobility issues may need the Volunteer to go into the store and bring the store’s wheelchair or motorized scooter back out to the car. The Volunteer should assist with carrying packages to the car and then into the house for the Care Receiver and assist with unpacking as needed. If assisting, the Volunteer should ensure that refrigerated or frozen items are stored properly.
- Remember that the Volunteer is free to decline any last-minute requests for add-on trips.
SHOPPING/RUNNING ERRANDS FOR CARE RECEIVERS

- Volunteers should call the Care Receiver the day before their scheduled appointment to confirm plans, as well as again right before leaving for the Care Receiver’s home for the appointment.
- The Volunteer and the Care Receiver should agree ahead of time where the Volunteer will shop. It is recommended that Volunteers offer to shop only at one store, two at the most, if there is also a need for shopping at a pharmacy.
- The Volunteer should make sure that the Care Receiver makes a shopping list which includes brand names, sizes, and quantities of products. The Care Receiver may or may not need the Volunteer’s assistance in making the list. Volunteers should review the list carefully, anticipate problems, and ask any questions they may have before leaving the Care Receiver’s home for the store.
- The Volunteer should ask the Care Receiver what he/she prefers if an item on the list is not in stock. Should another brand be purchased, or should the item be omitted?
- The Volunteer should ask the Care Receiver if the cost of the item is important or if the brand is more important. Can a less expensive brand be substituted for the one listed?
- The Volunteer should check with the Care Receiver about the availability of coupons for any items on the list.
- The Care Receiver should provide the Volunteer with the method of payment for the purchases the Volunteer will be making. Acceptable methods include:
  - Checks made out to the store and signed by the Care Receiver;
  - EBT cards (Food Stamps) with PIN;
  - Cash; and/or
  - Store gift cards.

  Bank debit cards and credit cards are not acceptable.

- In order to make sure that Volunteers are not shortchanged, it is recommended that Care Receivers provide Volunteers with payment before the shopping trip rather than have Volunteers spend their own money when shopping and then get reimbursed by Care Receivers upon delivery of goods.

  It is important for Volunteers to understand that North Hills Community Outreach cannot assume any liability if the Care Receiver’s reimbursement falls short of what a Volunteer actually spent. Best practice is to have Volunteer and Care Receiver sign a note declaring how much money the Care Receiver gave to the Volunteer. When the goods and change are dropped off, they re-sign the note saying that the correct change was given.
(Protects both parties.) **See addendum for sample Shopping Receipt.**

Complete and sign a Shopping Receipt each time money is exchanged. Keep all store receipts and attach to the Shopping Receipt when transactions are complete.

- In some established relationships, the Volunteer will get the shopping list from the Care Receiver over the phone, shop for the Care Receiver, pay for the items him/herself, and then bring the items and the store receipt to the Care Receiver. The Care Receiver will then reimburse the Volunteer either by check or in cash.
- Upon return from the store, the Volunteer should explain to the Care Receiver why any items on the list were not purchased.
- The Volunteer should offer to assist with unpacking items and be sure that refrigerated or frozen items are stored properly.
FRIENDLY VISITING AND TELEPHONE REASSURANCE

FRIENDLY VISITOR
Volunteers provide friendship and companionship for older adults and adults with disabilities who may be lonely and socially isolated. Every effort is made to match Volunteers with Care Receivers according to interests, availability, geographic location, or by similarities between the Care Receiver and the Volunteer.

Volunteers usually commit to one to two hours per visit--either weekly, every other week or monthly--depending on the Volunteer’s availability and the Care Receiver’s needs. Friendly visits include activities such as visiting and talking in the Care Receiver’s home, watching TV or a movie together, playing games, or enjoying hobbies together, etc.

Tips for Friendly Visiting
• Within a few days of being assigned, Volunteers should contact their Care Receivers, identify themselves by name and as a Volunteer through their local organization, and arrange a time for the first visit.
• When arriving for the first visit, Volunteers should introduce themselves again, addressing the Care Receiver by his/her proper name (e.g., Mrs. Smith, Mr. Jones) until asked to be more informal. If other family members are present at the time of your visit, chat with them enough to make them comfortable with you.
• State the purpose of the visit and the length of time you will be able to stay.
• Talk to the Care Receiver about their interests and what kinds of activities they might enjoy during your time together.
• Volunteers should be familiar with active listening technique, as Care Receivers prefer to do most of the talking. Active listening is a way of listening and responding that increases mutual understanding:
  Look at the Care Receiver as they speak, avoid distractions, and pay attention to their body language.
  Use facial expressions, an open and inviting posture, nod as appropriate, and encourage the speaker with words like “yes” and “uh huh”.
  Reflect what you have heard by paraphrasing, asking clarifying questions, and summarizing what the Care Receiver has said.
• Volunteers should look for signs that their Care Receiver may be tiring, not feeling well, or ready to end the visit before the allotted time for some other reason.
• Before leaving, Volunteers should set the time for the next visit. Always call ahead a day or two before the next visit, and again before you leave for the Care Receiver’s home, to confirm the appointment.
• Volunteers who transport Care Receivers are expected to follow the Transportation Services guidelines of this handbook.

TELEPHONE REASSURANCE

As a Telephone Reassurance Volunteer, you will reduce loneliness and isolation felt by the care receiver by providing social visits on a regular basis over the phone. Every effort is made to match Volunteers with Care Receivers according to interests, availability, or by similarities between the Care Receiver and the Volunteer.

All that is needed are good listening and communication skills, patience and compassion.

All General Volunteer Policies and Guidelines, as previously stated in this handbook, must be followed during Telephone Reassurance calls.

Telephone Reassurance Volunteers typically commit to making phone calls on a regular basis.
Please contact the In Service of Seniors coordinator if the commitment can no longer be kept, if the care receiver needs additional services, or if other concerns arise.
MAIL/CORRESPONDENCE/PAPERWORK

Volunteers provide assistance for Care Receivers who need help with handling, sorting and organizing their mail and other paperwork. Typically Volunteers will offer this service once or twice per month on an ongoing basis, although there are also requests for short-term or occasional assistance.

Volunteers may provide assistance with paperwork by helping Care Receivers:

- Sort through mail to separate important items from junk.
- Shred or cut up throw-away mail or other documents to prevent identity theft.
- Organize papers, bills, mail, important documents.
- File, or set up a filing system, so that important paperwork and documents can be retrieved easily if needed (e.g., Medicare and Social Security documents, medical bills, bank statements, wills, living wills, powers-of-attorney).
- Write letters or notes or assist with other correspondence.
- Put important dates on the calendar (e.g., medical and other appointments, bill due dates).
- Fill out applications and other forms, except for forms related to money management, medical information, or legal issues. The Care Receiver must provide all responses needed to complete the permitted forms.

**Tips for Paperwork**

- Volunteers are permitted to assist Care Receivers with managing their paperwork as described above, but they are not permitted to assist with money management, bill paying, or to provide any other type of financial assistance.
- Volunteers are not permitted to offer advice regarding investments, insurance, choice of banks, or related financial matters.
- Volunteers are not permitted to write checks or balance bank statements for Care Receivers.
- Volunteers are not permitted to sign checks or other legal documents of any kind for the Care Receiver or be named on any bank account, insurance policy or other document as a co-signer or beneficiary of funds.
- Volunteers may not be given any form of power of attorney or permission to act on behalf of the Care Receiver.
• When Volunteers are matched with Care Receivers for paperwork services, they should call their Care Receivers to arrange a day and time for the service. The Volunteer and the Care Receiver should also discuss the extent of the work to be done and the Care Receiver’s priorities for assistance, within the parameters described above.

• Volunteers typically spend an hour to an hour and a half per visit.

• Before leaving, the Volunteer should schedule a day and time for the next visit.
SNOW SHOVELING/SNOW ANGELS

As a Snow Shoveling Volunteer you will improve access to the Care Receiver’s home by clearing the sidewalk and/or primary path from the street to the front door during all snowfalls of one (1) inch or more.

We invite any resident who is able to shovel snow to volunteer! We have many people throughout our communities who are unable to shovel their own walk. By volunteering, you are ensuring their safety and access to meals and medication.

Individuals and groups are welcome!

Please note that all volunteers age 18 and under must have parental permission and all volunteers age 15 and under must be accompanied by an adult.

Snow Shoveling Guidelines
• Snow shoveling should take place within 24 hours of snow fall that is more than one (1) inch.
• If there is a winter storm, wait until it is over before shoveling.
• If road conditions prohibit safe travel, wait until they improve to do so. Your safety is extremely important to us.
• Seniors are responsible for providing salt. You may need to bring your own shovel.
• Let your senior know if you cannot shovel due to illness, upcoming travel or other circumstances.
• Do not accept money or valuable gifts.
• Perform shoveling ONLY. Any activities other than shoveling (including entering the home) are not and cannot be considered ‘sanctioned volunteer activities’ by our program.
• Refrain from giving out your phone number.
• Keep us informed about any changes or concerns with your care receiver.
• Give yourself plenty of time and be ready to ‘chit-chat’ with the care receiver if they step outside to say hello.
• Do not offer professional advice, even if asked!
Snow Shoveling Safety 101

- Wear proper footwear; sturdy shoes with good tread
- Lift with your legs bent, not your back. Keep your back straight. By bending and “sitting” into the movement, you’ll keep your spine upright and less stressed. Your shoulders, torso, and thighs can do the work for you.
- Dress warmly. Remember that extremities, such as the nose, ears, hands and feet, need extra attention during winter’s cold. Wear a turtleneck sweater, cap, scarf, face protection, mittens, wool socks and waterproof boots.
- Talk to your doctor prior to beginning your Snow Shoveling volunteering and listen to your body once you start. Do not work to the point of exhaustion. If you run out of breath, take a break. If you feel tightness in your chest, stop immediately.

Reporting Volunteer Hours

- The In Service of Seniors North program is made possible through the support of the United Way of Southwestern PA and other generous contributors. Reporting the hours you volunteered snow shoveling assists us in informing our financial sponsors and community collaborators of the success of these programs.
- Please report your volunteer hours with our Program Coordinator.
- Youth Volunteers: If you need a signed letter stating that you volunteered, please contact our Program Coordinator.
- Please report your volunteer hours monthly at a minimum. You can report them as often as you’d like, even after each snow shoveling service.
OFFICE VOLUNTEER

As an Office Volunteer you will help maintain efficient operations at the program office by providing assistance with preparation of mailings, answering and making phone calls, data entry, or other office tasks deemed appropriate by the Program Coordinator.

Office Volunteers should:
- Have good listening and communication skills
- Be patient and comfortable talking on the phone with seniors
- Have proficiency with the Internet and web-based applications, Microsoft Excel and Word, and be able to master other computer-based data organization programs quickly
- Able to volunteer weekdays between 9:00am and 4:00pm at one of the program offices, on a regularly scheduled day(s) or as needed.
SAFETY FOR SENIORS

As a Safety for Seniors volunteer, you will reduce fall and fire hazards in the homes of older adults by conducting home safety checks at care recipients’ residences.

Volunteers attend a specific Safety for Seniors training, followed by the provision of the safety checks at the homes of care recipients who have requested the service and made an appointment for the service day.

Once trained, volunteers travel in pairs to homes and inspect the residence room by room for fire and fall hazards, completing a checklist and making recommendations to the Care Receiver as they go.
Volunteers also distribute safety supplies, install smoke alarms, and help older adults obtain grab bars and handrails free of charge.

The training takes approximately one hour and each home visit takes approximately one hour.

All supplies are provided, however you may bring your own power drill for smoke alarm installation.

After the safety checks are completed, volunteers return to the training site to complete paperwork and return unused supplies.

Volunteer hours are recorded the day of the training and service.
YARD WORK AND MINOR HOME REPAIRS

YARD WORK
Volunteers provide light yard work services for Care Receivers who live in their own homes. These services focus on essential yard maintenance and safety. These services are usually seasonal and often provided “as needed”.

Light yard work services may include:
- Weeding flower beds and planting flowers.
- Raking leaves in the spring and fall.
- Trimming bushes and shrubs around walkways and beside the house.
- Raking, picking up, and bagging small debris.
- Removing vines.
- Trimming small, low tree branches that present a safety hazard.

Tips for Light Yard Work
- After being assigned to a Care Receiver for yard work services, the Volunteer should call the Care Receiver to arrange the day and time for the service. The Volunteer and Care Receiver should also discuss the extent of the work to be done and the Care Receiver’s priorities for yard work (within the parameters described above) so the Volunteer knows how much time to schedule.
- Yard work Volunteers may need to provide their own equipment (such as rakes, hedge clippers, etc.), if the Care Receiver does not have these tools in usable and safe condition or if Volunteers prefer to use their own equipment.
- Volunteers should wear appropriate clothing and protective gear for the task to be accomplished.
- Volunteers are responsible for being familiar with the equipment they are using and using it appropriately.
- Volunteers should discuss removal of yard debris with the Care Receiver. If the materials need to be bagged or bundled for removal by the trash collector, the Volunteer should do this and place the materials in the appropriate place for pick-up. If the trash collector does not accept yard waste, the Care Receiver is responsible for arrangements and fees to remove the debris. Care Receivers are responsible for providing the appropriate bags for leaves and other yard debris.
- If work remains to be done after the initial visit, or if there is an ongoing assignment such as regular mowing, the Volunteer should schedule the next appointment with the Care Receiver before leaving or notify the Coordinator about work remaining.
MINOR HOME REPAIRS

Skilled Volunteers perform various repairs based upon their availability and skills. Volunteers need to be aware of their own limitations and avoid tasks that could cause injuries.

Services may include light tasks such as hanging curtains, installing a smoke detector, or replacing batteries in appliances.

Other services may include appliance repair, carpentry, electrical work, plumbing repair, window and door repair, etc. depending on the skill level of available volunteers.

Tips for Minor Home Repairs

- Please only do home repairs when they are scheduled directly through the office - not through the senior – in order to ensure it is a service appropriate for a volunteer.
- Assess the job to be completed to determine that you have the necessary skills and equipment, and ensure that the Care Receiver will be able to pay for and provide supplies. Volunteer may assist the Care Receiver with creating the shopping list and estimating costs.
- Dress appropriately for the task to be accomplished, including footwear.
- Wear safety glasses when using tools or equipment that cause flying debris.
- Gloves are recommended.
- Never allow children to operate mechanical equipment.
- Know the proper use of equipment.
- Use power equipment only in day light or when there is good artificial light.
- Allow the engine of any power equipment to cool before storing it in any enclosure such as a garage or storage shed. Do not store near any open flame or where gasoline fumes may be ignited by a spark.
- Take precautions when working on hot, sunny days or in extremely cold weather.
- Use extreme caution if repair work calls for climbing a ladder. Make sure the ladder is steady and grounded well. If possible, have another Volunteer hold the ladder.
- If the work calls for the use of chemicals, such as paint, make sure the area is properly ventilated.
- If a Care Receiver asks the Volunteer to do additional work, or if the job is more involved than the Volunteer was told, the Volunteer should contact the Coordinator.
RESPITE ASSISTANCE/CAREGIVER SUPPORT

A Respite Volunteer acts as a companion for a Care Receiver so that Family Caregivers can have respite, or temporary relief from their caregiving responsibilities. Family Caregivers often dedicate all their energy to meeting the needs of their relative and jeopardize their own health or emotional well-being in the process. Respite allows a spouse or adult child to take a well-deserved break so that they can tend to their own needs (e.g., go to the doctor), run errands unhurried, or simply do something fun. Thus, respite benefits two people at one time—the Care Receiver and the primary Family Caregiver.

Respite services are coordinated by In Service of Seniors staff and are provided for Family Caregivers of adults who should not be left alone. For example, Care Receivers may:

- Have dementia due to Alzheimer’s, Parkinson’s, stroke or other illness
- Be confined to a wheelchair or bed
- Be too frail to call 911.

Respite Volunteers typically spend 2 to 3 hours per visit in the home on a weekly, every other week, or monthly basis.

Sometimes Family Caregivers request Volunteers in the hope of providing activities, social stimulation and friendship to a Care Receiver whose social network and abilities are changing. The family will identify activities that the Volunteer and Care Receiver can enjoy together.

Possible activities may include the following:

- Socializing;
- Eating lunch together;
- Watching TV, listening to music;
- Playing cards or games; and
- Going on outings, going for a walk.
- Accompanying a Volunteer as he/she delivers Meals on Wheels, etc.
- Listening to the Volunteer read or watching the Volunteer knit, if Care Receiver is quite frail.
**Tips for Respite Care**

- The Volunteer will be informed of the Care Receiver’s abilities and needs and will be provided with some biographical information and emergency contact numbers before the first visit.
- Volunteers and families will decide together the best days and times for respite. Routine scheduled visits are *more* successful than if a Volunteer says, “call me if you need me”.
- Volunteers should call the day before the scheduled visit to confirm.
- Volunteers should carry with them the emergency contact numbers provided to them by the Coordinator and/or the family.
- Volunteers should ask the family to show them where they keep the current list of medications, in case a Volunteer needed to show that to emergency personnel.
- Volunteers should contact the family IMMEDIATELY if they are unable to keep a scheduled visit. Please inform In Service of Seniors of absences when the family may benefit from a substitute respite Volunteer.
- Families are told that Volunteers do not give out their personal phone numbers. *However*, after 3 to 4 visits, if a respite Volunteer feels comfortable sharing his/her phone number that is permissible. If you prefer not to share your phone number, please tell the family that In Service of Seniors discourages it and do not feel guilty.
- Volunteers provide quality interaction, companionship and safe supervision. The respite Volunteer’s responsibilities include supervising the Care Receiver so that he/she does not wander or do anything unsafe.
- While respite Volunteers may not provide any assistance with personal care or count out or administer medications, they may *remind* their Care Receivers when it is time to eat, take self-administered medications, or toilet.
- Respite Volunteers who transport Care Receivers are expected to follow the Transportation Guidelines in the Transportation section.
- If a Volunteer ever has a concern, recognizes a need for more care than he/she can render, or feels dissatisfied with the assignment, please contact the Coordinator.
ADDENDUM
RIDE SCHEDULER

WELCOME to Open Your Heart to a Senior/In Service of Seniors + Ride Scheduler = A NEW way to volunteer!

Ride Scheduler is a wonderful company that is working with us to make volunteering easier for our volunteers. Ride Scheduler has created a special website for our program where you will be able to log on with your own personal account, see available opportunities, sign up for things you would like to do and receive all the information you will need (addresses, phone numbers, special needs, etc.). The website also creates an easier way to report your hours, keep track of your volunteering, and communicate with us securely via the web! We are very excited to start using this system and hope you will be too.

To get started, contact the In Service of Seniors Coordinator for your own unique password. Your username will be the email address we already have on file for you. Below is a helpful walk-through...as you can see, its pretty easy and we hope you will find it to be convenient and efficient! If you have any questions please don’t hesitate to contact us!

Website address: www.alleghenyvolunteers.org

Use the email address you have on file with us. Your password will be provided upon your request! If you are not sure what email address we have for you, no problem, we can let you know!
This is what the main screen looks like upon logging in.

By clicking on ‘Available’ you are able to see any volunteer opportunities that are unclaimed; there are several ways to ‘view’ the available opportunities.
You can place your mouse on an appointment and details will come up about the event.

The ‘Table’ view of opportunities is where you are able to ‘accept’ an activity. All of our opportunities are listed from friendly visiting to transportation! In the ‘How Long’ column you will see a time estimation, this is just our estimate and it may be shorter or longer.

Map icons will show you where exactly an individual is located and where their destination is (if applicable).
To accept a volunteer opportunity click 'Accept' and you will confirm in the box below.

Upon accepting the event will now be located in your 'MyServices' tab and removed from the 'Available' calendar. You will receive reminders via email about your upcoming activities.

If you are no longer able to do an activity you signed up for you can simply 'Un-Accept'.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Type</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 12</td>
<td>10:05 AM</td>
<td></td>
<td>Transportation – Other</td>
<td>A lady who wants to volunteer near her home to assist with things like errands, cleaning, or walking. The client is waiting for the ride at 10:00 AM.</td>
</tr>
<tr>
<td>Mar 13</td>
<td>11:30 AM</td>
<td></td>
<td>Transport Appointment</td>
<td>A volunteer is needed to transport a client to and from their medical appointment.</td>
</tr>
<tr>
<td>Mar 14</td>
<td>10:05 AM</td>
<td></td>
<td>Transportation – Other</td>
<td>A client needs assistance to attend their medical appointment.</td>
</tr>
<tr>
<td>Mar 15</td>
<td>7:30 PM</td>
<td></td>
<td>Transportation – Medical Appointment</td>
<td>A client needs a ride to their medical appointment.</td>
</tr>
</tbody>
</table>

If you are un-accepting an appointment, please ensure you have selected the correct appointment and then click 'Un-Accept'.
When you ‘un-accept’ an opportunity, please provide a comment for the Coordinator! Please note— if the care receiver has canceled, do not ‘un-accept’, simply contact your Coordinator and you will be removed from the calendar. In Ride Scheduler, Care Receivers referred to as ‘Riders’ so just remember, ‘Rider’ means Care Receiver and you can sign up for any type of service request!

Once an activity is complete please look in the ‘Mileage Report’ to confirm your actual time!
**RideScheduler FAQ**

**How often are new activities added?**
Every single day! Each time we get a phone call from a care receiver (which can be as many as 20+ calls a day) a new activity will be added to the calendar. Please feel free to check back often. If there are several requests that have not been assigned, you will receive an email from the coordinator highlighting opportunities you may be interested in!

**Are dates/times listed the only options?**
No! Unless it is a medical appointment or another very specific request, all dates and times can be subject to your availability as well as the care receiver’s availability. Once you accept a request that is not a medical appointment or specially states a certain time frame, feel free to call and schedule with your care receiver! They may want it at the time listed or maybe another time works better for both of you. Please alert the coordinator and they will adjust the RidesScheduler appointment time for you! Also – be aware the times listed for activities are our estimations and the actual event may be longer or shorter. Once you the appointment is complete, please adjust the time in your Mileage Report to reflect actual time spent volunteering.

**What if I am unable to log in?**
Let the coordinator know and your password will be reset. Most times, a second, new password will work.

**I cannot change my personal contact information!**
True. Currently, only program staff can update things like your phone number or address. Please review your information and let us know if any changes need to be made!

**I am trying to accept an activity but nothing is happening!**
Sometimes, the first time you click on an activity it will not go through. Try again. When successful, you will see a confirmation message when you click ‘Accept’. If it still does not work, please contact the coordinator.

**There is no phone number, address, etc. for the care receiver (client/rider):**
Contact your coordinator immediately. They will supply the missing information.

**How can I add an activity for a care receiver?**
Currently, only program staff can add activities. If you are seeing someone regularly and do not see the activities on your ‘My Services’ tab then we do not know about the
arrangement. Please tell us so we can add it to your calendar and it will appear each week (or weeks) according to what you tell us. We really need to know what you are doing with each care receiver and want to help you track your hours accordingly.

How do I report my volunteer hours using RideScheduler?:
Please update the “Total Time” first. The time you see listed is our ‘estimate’ for how long we think it will take and it may be shorter or longer depending on the actual appointment. If you know your mileage and would like to provide it please feel free to do it as well but it is not mandatory.

There are activities listed that are in the Greater Pittsburgh area as well as in the North Hills region:
Yes. Wesley Family Services/In Service of Seniors Pittsburgh is actually our sister program and we have been working with them for quite some time. It has been a little known fact, as our systems and/or areas only overlapped slightly. However, we are now fully coming together to act as one unit! You will see events from us and from them. We are working to add a ‘Neighborhood’ category to any available events to help you better find what works for you.

The Care Receiver is listed as ‘Rider’ and I am listed as a ‘Driver’ -but we are not going anywhere!
Yes! Rider and Driver are Ride Scheduler’s wording but just think of it as ‘Care Receiver’ and ‘Volunteer’. You are only the Driver when the request is for transportation.
RECORD KEEPING

It is important that you keep track of the services and the number of hours you spend with the older adult(s) you serve. Our In Service of Seniors program can publish* the number of hours served by volunteers to the community to demonstrate the impact you make. You as volunteers can be shown as role models for service to older adults and inspire others to do good works. We use the information you provide to inform organizations or groups funding the program about what kinds of tasks are most requested and/or provided. In addition, the information shows how many volunteers and how many hours it takes to provide that level of service. If the program can show the need and prove with numbers that we are indeed helping people, it will be easier to secure future funding to keep the program alive.

Keeping track of your service hours will also be beneficial if you ever need to utilize the liability insurance. You may need to refer to your record of service to show that you were volunteering at the time of the accident.

Another good reason to record your volunteer activity is so you can keep track of your mileage. Volunteers can deduct miles traveled while performing services for a charitable organization on IRS tax returns as a “charitable donation”. In 2014, the IRS allowed a “charitable donation” of mileage at a rate of 14 cents/mile.

We ask that each month you report your volunteer service hours to your volunteer coordinator. You may furnish this information by logging your hours in RideScheduler (preferred method), or emailing a completed Volunteer Log to the coordinator. Here are important things to remember:

- Report volunteer hours for each month to our volunteer coordinator by 4:00pm on the first Friday of the following month
- Hours can be submitted by email or by logging them in RideScheduler
- Time does not have to be exact. You may approximate the time and round to the nearest half hour
- Service hours begin from the time you leave your home and continue until the time you return
- Give yourself credit for everything you do including travel time.
- Include time spent in training, meetings, ongoing education, social events, and phone calls related to your volunteer services

Please remember--your acts of kindness and service to the elderly in our community are the most important aspects of your volunteer experience. However, reporting hours is vital to the continued survival of the In Service of Seniors program – we need to prove
that your good works are being done! We want to keep it as simple as possible so you will want to continue volunteering for years to come.

*All reported personal information is kept strictly confidential.
SHOPPING RESOURCES

Shopping Receipt

Volunteer Name:________________________________________

Care Receiver Name:_____________________________________

Date:___________________________________________________

Amount Received $_______________________________________

Care Receiver Signature____________________________________

Volunteer Signature_______________________________________

Total Purchase Cost: $_____________________________________

Change Returned: $_______________________________________

I accept this accounting as correct:

Care Receiver Signature____________________________________

Volunteer Signature_______________________________________
PROGRAM INSURANCE

Insurance Coverage for Volunteer Activities
at North Hills Community Outreach

Thanks for volunteering! Here is some information on insurance coverage for volunteers while serving at NHCO.

Driving NHCO’s Free Rides for Seniors shuttles or NHCO’s van

NHCO carries auto insurance on these three vehicles to cover damages and repairs. If you are injured your personal health insurance is primary. NHCO’s auto policy may cover some costs to you not covered by your own insurance.

Driving your personal vehicle

NHCO carries a General Liability policy that is excess over your personal auto policy when you use your vehicle as a volunteer of NHCO. Confer with your agent to ensure that you have sufficient coverage.

General volunteering

If you are injured while serving as a volunteer for NHCO, our policy will pay up to the first $500 to cover the cost of your co-payment and/or deductibles. Beyond this your own health insurance becomes primary. If you have no health insurance, our policy becomes primary up to our policy limit for Medical Payments.