

EMPLOYEE SERVICES

Directive - 0518



Date: April 14, 2017

Previously
Revised: 1/12/17

Established: 12/11/2008

USE OF VOLUNTEERS POLICY

The City greatly benefits from the services provided by skilled and motivated volunteers and encourages involvement by Jacksonville citizens. The procedures for recruitment, selection and placement assist the City and the volunteer in establishing and maintaining a beneficial relationship. Volunteers are individuals who are non-paid, including interns and work-study program students. The following is designed to inform supervisors and managers about the City's policy regarding the procedures for recruiting and utilizing volunteers in city departments.

Minimum Age

The minimum age to volunteer is 16. If there are programs where an exception is needed, contact Employee Services.

Exceptions to Age Requirement

- Public Library
 - Students ages 12 – 15 may volunteer as a member of the Teen Advisory Board and/or during the summer youth program.
- Animal Care
 - Students ages 14 - 15 may volunteer with a parent or guardian.

Recruitment Options

Employee Services continually and successfully recruits volunteers for various functions and events, both long-term and short-term commitments and maintains a roster of interested individuals. Departments may contact the Employee Services Department directly concerning volunteer needs and the recruitment, selection and placement process will begin. The department may also be directly contacted by an interested volunteer. A written description of duties is required for a successful experience. Employee Services can work with departments to create the description prior to recruitment efforts beginning.

The Jacksonville Children's Commission and the Parks, Recreation and Community Services Department independently recruit, screen, select and place volunteers for their mentoring and youth athletic programs respectively. Employee Services assists with recruiting and screening as needed.

Selection Procedure

If the volunteer applicant contacts Employee Services directly concerning opportunities, the applicant will complete an online *Volunteer Application*. The *Volunteer Application* will be forwarded to the appropriate staff member in areas that the volunteer is seeking to be placed. The appropriate staff member contacts the potential volunteer, within three (3) business days, to discuss volunteer opportunities and conduct an interview. If the applicant is selected, the staff member notifies Employee Services of the selection decision and completes the *Request for Background Screening Form and the Volunteer and Employee Criminal History System (VECHS) Waiver Form*.

If the volunteer applicant contacts the department directly, the staff member may conduct an interview prior to contacting Employee Services. Should the department wish to utilize the volunteer, the staff member notifies Employee Services of the selection decision and completes the *Request for Background Screening Form and VECHS Waiver Form*.

If the department has a need for volunteers, a completed *Request for Volunteer* form (see sample attachment) should be submitted to Employee Services at least 30 days prior to the event. For Special Event volunteers, it is imperative to complete and return the *Request for Volunteer* form. If your event request is received with less notice call Employee Services prior to submitting your request. Employee Services will make every effort to honor all volunteer requests.

Once your *Request for Volunteer* form is submitted, a member of Employee Services will contact the requesting individual to review the request and make appropriate amendments if necessary.

Once your *Request for Volunteer* form is reviewed and accepted, Employee Services will recruit and confirm all volunteers requested. The department is responsible for onsite volunteer management.

Special Event Volunteers

Special event volunteers are only to be used to support a specific event which may last a day or up to a week. These volunteers are not ongoing and can be recruited from a number of sources such as high schools, colleges, churches, military, and/or local businesses.

Events can consist of multi-day affairs (e.g., the Jazz Festival, World of Nations Celebration, and Sea Sky Spectacular) or one day events (e.g., the 4th of July Celebration, the Mayor's Older Buddies, Mayor's Fish-a-Thon, and Earth Day Celebration).

Screening

All City volunteers must be registered with the Employee Services Department and successfully complete a background screening **prior** to placement. This requirement also applies to youth participating in community service hour programs. There is a cost associated with the background screening for volunteers. Currently, the cost is \$33.25 per volunteer. This cost would need to be approved and paid for by the department in which the volunteer will be placed. Drug testing is not generally required for volunteers. Managers must ensure that volunteers have been screened.

Some volunteer positions may require additional screening applicable to duties to be performed. Volunteers who are inactive for 2 years or more will be required to undergo re-screening.

The **ONLY** exemption is for volunteers that register to assist with a certain special event such as World of Nations, Jazz Festival, Mayor's Holiday Festival, or similar special group projects. Appropriate supervisory controls shall be utilized in managing volunteers at special events.

The department conducts a mandatory orientation session of all applicable volunteer policies, procedures and benefits. See attached checklist.

City badges are not issued to volunteers except in very limited circumstances.

Placement

Once a volunteer has been cleared by Employee Services, the department will be notified. The department is responsible for contacting the volunteer to set up the report to duty. Departments are encouraged to orient the volunteer to the specific work environment and to express the City's appreciation for volunteering. Employee Services can assist with suggestions for recognition.

Monitoring and Recordkeeping

The appropriate staff member is asked to complete an orientation using the *Orientation Checklist* (see sample attachment) within two weeks of engaging the volunteer. An email should be sent to Employee Services stating orientation has been completed.

All hours worked by volunteers **must** be recorded on a Volunteer Timesheet (see sample attachment) and returned to Employee Services by the 1st of each month. Reminder notices will be sent by Employee Services one week prior to the reporting deadline.

Non-Selected Applicants

If the department chooses not to select the volunteer, it is courteous and professional to call the applicant and share the reason for non-selection in a positive manner. The department should notify Employee Services by email stating the reason you are not selecting the volunteer.

Additional Information

Should you have further questions concerning this policy or its application not addressed in this document, contact Employee Services at:

Phone: 630-1287

Fax: 630-8350

Email: volunteer@coj.net

Attachments

Please refer to the following attachments:

Attachment: New Volunteer Orientation Checklist

Attachment: Volunteer Time Sheet

Attachment: Request for Volunteer (Special Event)

Attachment: Request for Background Screening For Volunteers

Attachment: VECHS Waiver Agreement and Statement

Attachment: Parental permission form



**NEW VOLUNTEER
DIVISION ORIENTATION CHECKLIST**

Congratulations on accepting a new volunteer in your division. The following list will ensure that the volunteer and department supervisor have had the opportunity to meet and discuss appropriate guidelines. Please send an email to volunteer@coj.net stating orientation has been completed and place the signed original in the volunteer's file. Questions or concerns should be directed to your Employee Services representative at 630-1287.

Volunteer Name _____

Department/Division _____ Start Date _____

Direct Supervisor of Volunteer _____

DATE

Division mission/goals. *Explain division's role in the City and its relationship to other divisions and organizations. Quantify pertinent information, discuss general policies and customer service.* _____

Division expectations of Volunteer. *Discuss volunteer job description, expectations of work conduct, pace and completion. Explain the volunteer's role in teamwork or feedback about division (if applicable).* _____

Introduction to and welcome from staff. *Include the division's chain of command and communication procedures. Explain to whom problems, issues, absences etc. are reported.* _____

Volunteer supervisor identified. *Be sure the volunteer knows who to their supervisor is for day-to-day assignments and what to do in the supervisor's absence.* _____

Work space tour. *Include staff break area, restrooms, where to store personal belongings. Also include conference rooms, sign out procedures, and supply locations.* _____

Equipment to be operated and equipment safety. *Identify equipment to be used by the volunteer and Train on any safety hazards. Identify one person to whom equipment problems/questions are reported.* _____

Emergency procedures. *Identify MSDS location (if applicable), location of fire alarms/extinguishers and evacuation procedures. Also supply needed knowledge on universal precautions, bomb threats and how and to whom to report unusual circumstances.* _____

Division schedule/Volunteer schedule. *Explain division hours of operation and set the volunteer on a regular schedule. Be sure staff knows when to expect the volunteer so they may properly delegate tasks.* _____

Telephone procedures. *If applicable, train on phones and appropriate greeting.* _____

Dress code. *Discuss division's dress code, including footwear.* _____

Meal/break standards. *Explain expectations about lunch time and break time duration, appropriate Areas to eat, where/when to make a personal call etc.* _____

Other _____

Supervisor Signature

Volunteer Signature



REQUEST FOR VOLUNTEER

This form should be used each time a volunteer is needed.

Date: _____ Department: _____ Division _____
 Site Coordinator: _____ Phone # _____
 Volunteer _____ Position _____
 Position Title: _____ Code: _____
 Number of Volunteers _____
 Needed: (Minimum) _____ (Maximum) _____
 Work Location: _____
 Dates of Assignment: From: _____ To: _____

Days and Hours Volunteer will be Needed

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Assignment to Start: _____

Description of duties to be performed:

Volunteer Will be Working with: Money Vulnerable Adults Children

Check all that apply:

<input type="checkbox"/> Background Check Required	<input type="checkbox"/> Teen Volunteer acceptable
<input type="checkbox"/> Drivers' License Required	<input type="checkbox"/> Community Service Participant acceptable
<input type="checkbox"/> Disabled accessibility (ramp, elevator)	<input type="checkbox"/> Dress Code:
<input type="checkbox"/> Parking Available	<input type="checkbox"/> Bus Route

Please check the skills required performing this assignment:

Computer Skills:		Communication Skills:	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Ability to read	<input type="checkbox"/> Effective Writing
<input type="checkbox"/> Internet	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Ability to write	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Spreadsheets		<input type="checkbox"/> Public Speaking	

Tools/Licenses required: _____

Other pertinent information: _____

 (Signature) Division Chief or Designee

Please submit 30 days prior to start of assignment:

Employee Services Department
 117 W. Duval Street, Suite 100
 Jacksonville, Florida 32202
 Email - volunteer@coj.net



REQUEST FOR BACKGROUND SCREENING

PURPOSE OF POLICY

To establish a citywide standardized policy and procedure for criminal background screening of all citizen volunteers pursuing volunteer opportunities with the City of Jacksonville or organizations utilizing volunteers in programs supported by City funding. Formalization of this process will assist the City in appropriately screening volunteers for the protection of children and vulnerable populations.

APPLICATION OF POLICY

All City volunteers, must be registered with Employee Services and successfully complete a background screen prior to placement. The ONLY exceptions are for volunteers that register to accumulate hours for a college scholarship or assist with a certain special event such as World of Nations, Jazz Festival, Mayor's Holiday Festival, etc.

TO REQUEST A BACKGROUND CHECK FOR A VOLUNTEER

1. Have the volunteer complete the "FDLE VECHS Waiver Agreement and Statement." (Form must be completely filled out in order for request to be processed.)
2. Call 630-1287 to let Employee Services know you will be sending a volunteer for screening.
3. No appointment is necessary for the background screening. Volunteer should bring the completed "Request for Background Screening" and "FDLE VECHS Waiver Agreement and Statement" to the Employee Services Office located at **117 W. Duval Street, Suite 100. Please arrive any time Monday – Friday between 9:00 am – 4:00 pm.**
4. **To verify your identity you will be required to show a valid picture ID and original social security card.** Please note: We will not be able to proceed with the background screening without proper proof of identity and the FDLE VECHS waiver.

This section must be completed by a staff member.

Volunteer Name: _____

Name of Department Volunteer will be working: _____

Volunteer Supervisor Name: _____

(this is the person in the department/division that will get the background results)

Volunteer Supervisor Phone Number: _____



FOR ACCOUNTING AND BILLING PURPOSES

(This section must be completed by the Requesting Department's authorized signatory / approver)

Note: Please be informed that effective October 1, 2012, the Employee Services Department will use the information below to pay all FDLE screenings. This form will serve as your approval for us to charge your department for these expenses.

We (the requesting department), authorize the Employee Services department to process billing by:

Paying with requesting department's Blanket Order # _____

Paying with Employee Services Blanket Order # _____ then charge via a journal entry the requesting department's Index code: _____ and

Sub-object: _____ ; or if applicable, please specify Grant, Grant Detail, Project, Project

Detail: _____

Requesting Department: _____ Requesting Division: _____

Requesting department's authorized signatory / approver's name: _____

Requesting department's authorized signatory / approver's signature: _____

Phone Number: _____ Email Address: _____

Requesting department's Billing contact person: _____

Phone Number: _____ Email Address: _____

**PARENT'S/GUARDIAN'S/OR LEGAL CUSTODIANS
PERMISSION FOR MINOR TO PARTICIPATE AND CONSENT FOR EMERGENCY MEDICAL
TREATMENT**

Full Name and Address -Of Parent/Guardian/or Legal Custodian:

Name _____ Phone _____

Residence Address _____

Business Address _____ Phone _____

Other Emergency Phone Number (specify) _____

Full Name of Minor _____ Phone _____

Date of Birth: _____ Race: _____ Sex: _____

I hereby authorize the City of Jacksonville to view my (son's, daughter's, or ward's) juvenile record(s) to the extent allowed by Florida Statue Section 985.04.

Parent/Guardian/Legal Custodian Signature: _____

I, _____, hereby give permission for _____
(Print name of parent, guardian, or legal custodian) (Print name of minor)

to participate as a volunteer in City of Jacksonville's Volunteer Service Program. I, _____
(Parent, guardian, or legal custodian)

further consent that the City of Jacksonville, its applicable Department or Division, obtain necessary emergency
medical treatment and/or transportation for _____ in the event of accident, injury
(Print name of minor)

or sudden illness while said minor is engaged in the City of Jacksonville Volunteer Service Program.

SIGNATURE _____ DATE _____
(Parent, guardian or legal custodian)

Medical Information and Disclosure

Said minor has the following special medical conditions (including allergies): _____

Said minor currently takes the following medications (prescription or otherwise): _____

Physician's Name and Address: _____

Physician phone: _____ Date of Last DPT or Tetanus: _____

Insurance Coverage: _____



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have OR ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___ do OR ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

FDLE Assigned Qualified Entity Number: _____

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
COPY - SEND TO FDLE WITH FINGERPRINT CARD**