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# Welcome Shepherd's Center Volunteer

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Welcome to our community of volunteers! We are grateful for your gift of time and appreciate your willingness to lend a helping hand. We hope your volunteer experience will be both rewarding and enjoyable. This handbook is designed to guide you through the various facets of the Shepherd's Center of Northern Virginia (SCNOVA) programs.

To contact the Shepherd's Center:

- Main Office Phone 703-281-0538
- Executive Director 703-281-0538
- Operations/Volunteer Manager 703-281-0538
- Development/Communications 703-281-5086

541 Marshall Rd. SW, Vienna, VA 22180

[www.scnova.org](http://www.scnova.org)



Thank you for helping us **Create A World Without Loneliness** by offering social and educational programs to our community. Join us at our Senior socials, Adventures in Learning classes, and outings.

# Table of Contents

Page 1	Welcome Shepherd's Center (SCNOVA) Volunteer
Page 2	Table of Contents
Page 3	Shepherd's Center of Northern Virginia (SCNOVA) Vision Statement
Page 4-5	Policies
Page 6	Confidentiality and Conflict of Interest
Page 7	General Volunteer Qualifications
Page 8-9	Medical and Companion Transportation
Page 10	Handy Helpers
Page 11	Friendly Callers
Page 12	Friendly Visitors
Page 13	Office Volunteers
Page 14	Volunteer Agreement
Page 15	Volunteer Signature Page
Page 16	Attachment 1: Driver Incident Report Form

# The Shepherd's Center of Northern Virginia (SCNOVA)

## **“Creating A World Without Loneliness”**

### ***Selected Services and Programs***

The Shepherd's Center of Northern Virginia (SCNOVA) serves as an information and referral center for the community. Our service programs include Medical Transportation, Companion Transportation, Friendly Callers and Visitors, Handy Helpers, Computer Assistance, Special Events and Healthcare Advocacy. SCNOVA also sponsors a Caregivers Support Group and a Caregivers Retreat, which is a day of respite for caregivers. Social and educational programs include Lunch N' Life (LNL) and Adventures in Learning (AIL). These enrichment classes and social events are provided as a means of keeping older adults integrated in the community. A health-education component is included in our AIL series. All programs and services are implemented by volunteers and are either free or with a nominal charge.

***VISION: Our vision is to transform aging into an empowering experience to live a life of meaning.***

***MISSION: Our mission is to create meaningful opportunities for service, lifelong learning, social connection, individual well-being, and independent living for older adults in the communities we serve.***

# ***Policies***

## **1. Areas of Operation**

SCNOVA provides transportation services to Northern Virginia areas such as Oakton, Vienna, Fairfax, Reston, Herndon, Merrifield, Dunn Loring, Great Falls and area hospitals.

## **2. Safety Considerations**

All drivers and passengers must wear seat belts. Passengers who refuse to wear a seat belt will not be provided with services by the SCNOVA.

Drivers need to consider the height of clients regarding front seat airbags. A client may be too short or fragile and for safety, may need to sit in a rear seat.

Drivers must can wear masks upon request by the client as well as the driver. You must also crack your windows and wipe down the vehicle before client enters vehicle.

Drivers need to consider the step-up into their vehicle. Some vans or SUVs are too high for some clients.

According to VA law, Drivers do NOT use cell phones while their vehicles are moving.

## **3. Payments/Donations**

SCNOVA volunteers are *not* paid for their services. Services to clients are **free**. Clients are welcome to make a contribution to the SCNOVA, if they wish. Donation envelopes are available for this purpose from the office.

## **4. Safety First/Inclement Weather**

**Our office volunteers follow Fairfax County Public Schools OFFICE closings due to inclement weather.**

**Our driver volunteers follow the Fairfax County Public SCHOOLS closings due to inclement weather.**

Our drivers can decline service due to inclement weather and poor road conditions. Please *call the client first* to cancel; then notify the SCNOVA office at 703-281-0538.

## **5. Volunteer Identification Badges**

The SCNOVA can provide you with a badge identifying volunteer affiliation with the Shepherd's Center as well as a sign for your dashboard. Please call the office if you did not receive one.

## **6. Accidents and Incidents**

### ***A. Incident Reports***

Volunteers should use the Volunteer Driver Incident Report Form to document safety issues, and rider/driver accidents. The form is available on our website at [www.scnova.org/volunteer/volunteer-info/](http://www.scnova.org/volunteer/volunteer-info/) and in the Forms Section attached in this handbook, and from the Shepherd's Center office. See Page 16.

### ***B. Accidents, Auto Collisions***

Provide an accurate record of any collision, and any claim of bodily injury or property damage to the Executive Director immediately. Drivers should never admit fault to the other party. The driver of the vehicle must complete a Volunteer Driver Incident Report Form and be reviewed by the Director within 24 hours.

### ***C. Other Incidents***

Incidents might include any occasion where a driver feels the need to contact the office regarding any driver's concern about the physical or mental well-being of a client (e.g., a client fall, mental confusion). PLEASE CALL THE OFFICE AND WE WILL CONTACT THE EMERGENCY CONTACT.

## ***Confidentiality /Conflict of Interest***

Volunteers are likely to become familiar with SCNOVA clients. While it is desirable to establish a positive relationship with clients, it is important to avoid situations that can create a "conflict of interest." The following serve as guidelines. ("Supervisor" refers to the manager of the volunteers or the executive director, or to a Staff member).

**1. "Right to Confidentiality"** is breached when information received from or about a client is repeated to people other than a supervisor. Clients sometimes confide in a trusted volunteer. Volunteers may share concerns with the supervisor, but not with other volunteers, family, or friends. Only information that the supervisor needs to know should be communicated. *Even the names of individuals receiving service from a program must not be shared with anyone outside the Shepherd's Center.*

a. Information about a client is shared only to obtain needed services, with client consent. If a client is not able to give permission to share information for their well-being the volunteer and supervisor should use their best judgment, sharing only information that ensures needed services are provided.

b. Under some circumstances, the volunteer is **required** to share information. This applies when it relates to suspected elder abuse or neglect. If abuse is suspected, this information must be conveyed to the supervisor, but not to other volunteers, family, or friends. Appropriate steps will be taken.

c. Transportation volunteers should not ask personal questions of those providing professional services.

**2. "Conflict of Interest"** occurs when personal arrangements for services are made between clients and volunteers, outside the SCNOVA office. Such arrangements are prohibited and can lead to liability issues for both the volunteer and the Shepherd's Center.

a. Volunteers have the discretion of providing their personal contacts to a client or directing any communication with the client through the office. To block your phone number and name from appearing on a client's Caller ID unit, dial \*67 before dialing the phone number. Office staff will not give out the home phone numbers of volunteers, but will call the volunteer for the client if needed.

b. ***If a client does contact a volunteer for additional services, the volunteer is required to instruct the client to call the office. Requests for future services MUST be made through the office.***

c. Volunteers may not accept gifts and/or gratuities but may accept donations to SCNOVA. Donation envelopes are available for this purpose from the office.

d. SCNOVA wants to know about all the interactions with clients. Please keep SCNOVA abreast of your time with clients and email us at [office@scnova.org](mailto:office@scnova.org) if a concern arises.

# ***General Volunteer Qualifications***

Volunteers are the Shepherd's Centers representatives in the community. You influence the opinion and image of our organization. Your positive interactions with clients contribute favorably to our mission.

## **Qualities**

1. Have compassion for and enjoy spending time with Seniors.
2. Is reliable, conscientious, and punctual in fulfilling volunteer assignments.
3. Don't take things *too seriously*; have a sense of humor!

## **Expectations**

- 1) Notify SCNOVA office immediately when you know you cannot fulfill a volunteer commitment.
- 2) Protect the privacy of each client.
- 3) Observe and report any changes in the physical or mental status of the client to the Operations/ Volunteer Manager.
- 4) Keep accurate records of your volunteer hours. Please report your hours on the SCNOVA Donor Snap (DS) Form. We will send this link to you by email.

**Accurate records demonstrate our work in the community and directly impact our efforts for grants, donations, etc. Please help us keep track of your good work!**

# ***Medical/Companion Transportation***

## **Tasks**

***Medical Transportation Volunteer Driver:*** Provides clients with necessary transportation to medical-related appointments, such as to a doctor's office, dentist, physical therapy, chemotherapy, etc.

***Companion Transportation Volunteer Driver:*** Provides transportation to clients whose desired destinations and errands are non-medical. The companion transportation services include grocery shopping, hairdresser appointments, library, bank, or to select Shepherd's Center functions.

## **Policies**

- Provide your own vehicle; be properly licensed and insured (provide updated copies of license and insurance card to SCNOVA); and report any changes in your driving status.
- Know where you are going ahead of time. Do not rely on the client for directions.
- Volunteers are only responsible for transportation to/ from the event specified in the request. Volunteers have the support of SCNOVA when setting limitations regarding unreasonable client requests (such as stopping for unscheduled errands) outside the original request. Additional ride requests made by the client directly to the volunteer should be referred to the office for scheduling.
- Please contact the SCNOVA office to discuss any issues or concerns regarding client requests.
- The Shepherd's Center requires clients to give a **three-business day notice** when requesting rides.
- Never administer drugs, suggest treatments, or make medical referrals to the client.
- If there is a charge for parking or toll, the client is expected to pay.
- Never assist with personal care or physically lift the client.
- Avoid accepting gifts from the client. Please offer Donation Envelopes to the client. Donations are to be given to the Operations/ Volunteer Manager.
- Maintain confidentiality.



### **Procedures**

- Transportation Volunteer Drivers log into the Ride Scheduler website where all transportation requests with detailed information are listed.
- Upon accepting a ride, the volunteer should contact the client immediately (within 12 hours of the ride acceptance), and **always** the night before or morning of the appointment in case there are any changes.
- Drivers are asked to wait for the client unless discussed further with client.
- Requests for future drivers **MUST** be made through the office. This helps to avoid conflicts and helps us to keep track of volunteer services.
- Emergency contact information for all clients is held in the office. Please call the office if communication with them is required.
- Transportation Volunteer Drivers are credited with **3** hours per drive.
- Drivers should wear a mask if requested by our client.

### **AARP Smart Driver Class- Classes are available to Drivers.**

The Shepherd's Center encourages volunteer drivers to take the AARP driver safety class. In partnership with our area AARP, the Shepherd's Center makes this class available twice a year for Shepherd's Center participants. Drivers who take this course every three years may receive a reduction in their automobile insurance premium.

# ***Handy Helpers***

## **Tasks**

- To provide home assistance in various areas such as: small home repairs and minor installations (basic carpentry, minor painting, install grab bars, etc.)
- To help an individual determine effective and less stressful ways to reach personal decluttering/downsizing goals.

## **Policies**

- Have a working knowledge of and experience in the service area requested.
- Assess feasibility of completing the project.
- Maintain safety standards.
- Maintain confidentiality.

## **Procedures**

- Handy Helpers will be contacted by an office volunteer with a request. It is up to the discretion of the Handy Helper to determine the feasibility of the request. A visit to the client's home may be necessary to determine this feasibility.
- After accepting a request and receiving the client's information, please call the client to make arrangements and notify the office.
- If materials are required, provide the client with a shopping list and estimated costs and purchase items using the client's funds.
- Try to complete projects in a timely fashion.
- Future requests **MUST** be made through the SCNOVA office. This helps to avoid conflicts and helps us to keep track of volunteer services.
- Please provide volunteer hours per client monthly to the Donor Snap Volunteer Submission Form. This link will be sent to you after initial volunteer training.

# ***Friendly Callers***

## **Tasks**

To make regular telephone calls to older adults who live alone, may have limited contact with others, and may need some social interaction.

## **Policies**

- Demonstrate good listening and communication skills.
- Be dependable.
- Do not give advice.
- Maintain confidentiality.

## **Procedures**

- Upon receiving a request for a Friendly Caller, the office or Lead Volunteer will send an email to all Friendly Callers with a brief description of the client.
- The Operations/ Volunteer Manager/Lead Volunteer will assign and contact the volunteer selected based on similarities in background or interests, schedule availabilities, and promptness of response. This is done in our efforts to establish a good match between the client and the volunteer.
- The Operations/ Volunteer Manager/Lead Volunteer will then give the client the name of his/her Friendly Caller, as well as give the Friendly Caller volunteer the contact information of the client. At this point the Friendly Caller may start contacting the client.
- Please provide volunteer hours per client on a monthly basis to the Donor Snap (DS) Volunteer Submission Form. This link will be sent to you after initial volunteer training. Include Name of Client, Date and Hours spent with client.

# ***Friendly Visitors***

## **Tasks**

- Provide companionship, conversation, reading (for visually impaired) and contact with the community to minimize the sense of isolation. Volunteers will also alert the SCNOVA office to any additional services that may be helpful to the client as well as changes in the elder's physical or emotional condition, so that professional follow-up can be provided as needed.

## **Policies**

- Must be dependable, empathetic, flexible, conscientious, and able to set boundaries.
- Maintain confidentiality.

## **Procedures**

- Upon receiving a request for a Friendly Visitor, the office/lead volunteer will send an email to all Friendly Visitors Volunteers (FV) with a brief description of the client (gender, client interests, city they reside).
- Health and Wellness Lead will initiate a call to the client to build rapport. If there is a positive match over the phone, the Lead Volunteer will set up a time for the FV and Casey Tarr, Health and Wellness lead, to go and visit with the client together. Information must be given to the office.
- After the meeting, the FV will begin scheduling a time to meet the client on a regular basis.

**All applicants must complete a client application and agreement.**

Obtain an emergency contact phone number in advance from the client to be used if circumstances require it. (Emergency contact numbers are also in the office.)

**Please provide volunteer hours per client on a monthly basis to the Donor Snap (DS) Volunteer Submission Form. This link will be sent to you after initial volunteer training. Include Name of Client, Date and Hours spent with client.**

# ***Office Volunteers***

## **Tasks**

- To answer the office phones and assist clients with service requests and other information
- To enter all transportation requests in the Ride Scheduler computer program
- To coordinate client requests for services with appropriate volunteers
- To fill out paperwork required for client requests
- To provide information and referrals as needed
- To assist the Operations/ Volunteer Manager when needed
- To assist with “Thank You” notes for donations and other office needs.

## **Policies**

- Friendly, professional phone manners
- Patience and flexibility.
- Ability to use basic office equipment including the computer.
- Familiarity with SCNOVA policies, procedures, and mission.
- Orientation and training will be provided by experienced volunteers.

## **Procedures**

- Volunteers commit to work in the SCNOVA office each week for a specified shift (or as a substitute as needed).
- Please notify the Operations/ Volunteer Mgr. at 703-281-0538 if you plan to be out of the office. Volunteers are encouraged to check the monthly calendar and let the Operations/ Volunteer Mgr. know of any changes as soon as possible.
- After each shift, record your volunteer hours in the Office Volunteers binder or provide volunteer hours per client on a monthly basis to the Donor Snap (DS) Volunteer Submission Form. This link will be sent to you after initial volunteer training. Include Name of Client, Date and Hours spent with client.

## **The Shepherd's Center of Northern Virginia Volunteer Agreement**

As a volunteer with Shepherd's Center of Northern Virginia (SCNOVA), I understand that I will be working directly with seniors, some of whom are the most vulnerable members of our community. I hereby give my consent for SCNOVA to contact my references and conduct a background check. I also understand that my compliance with the requirements set out below is an essential part of my volunteer service.

- 1) SCNOVA does not discriminate against its clients, volunteers, or staff for any reason – including age, race, religion, disability, national origin, gender, sexual orientation, financial or marital status.
- 2) I will inform the Operations/ Volunteer Manager of any existing condition or injury that may affect my ability to safely perform all volunteer tasks.
- 3) I understand that I may become aware of personal information and that such information pertaining to clients, either from SCNOVA staff or from the clients themselves is strictly confidential.
- 4) SCNOVA encourages open communication between volunteers and staff members.
- 5) I hereby grant SCNOVA my permission to use my name and any photographs that may be taken of me pursuant to my volunteer duties.
- 6) For drivers providing transportation for SCNOVA clients and or volunteers providing basic repairs/improvements at clients' homes, the following requirements apply:
  - a. I understand that I must carry my own automobile insurance and that I will not hold SCNOVA financially responsible for any injuries, accidents or other problems that may occur to me or to any client or third party while I am driving as an SCNOVA volunteer. I will promptly report any incident to the Operations/ Volunteer Manager. I understand that SCNOVA maintains an "umbrella" insurance policy that provides secondary coverage, if required, regarding such incidents.
  - b. I understand that if I become aware of any incident of change in a client's circumstances or an apparent downturn in their health or living conditions, I should promptly report my concerns to the Operations/ Volunteer Manager.
  - c. I understand that if my ability to drive others safely becomes compromised by health issues, or for any reason, I can no longer legally operate a motor vehicle in the Commonwealth of Virginia; I must report such issues to the attention of SCNOVA, which reserves the right to place me in "Inactive Driver" status – temporarily or permanently.
- 7) The requirements listed above are not all-inclusive, and SCNOVA reserves the right to modify and/or update them, without prior notice.

**The Shepherd's Center of Northern Virginia  
Volunteer Agreement**

I hereby acknowledge that I have read and fully understood the Shepherd's Center of Northern Virginia's volunteer requirements, as set out above, and agree to abide by them.

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

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

Volunteer Signature: \_\_\_\_\_

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

**(Please RETURN this signed page to the Operations/ Volunteer Manager via mail to  
Shepherd's Center  
541 Marshall Road SW  
Vienna, VA 22180**

or email [office@scnova.org](mailto:office@scnova.org))

# VOLUNTEER DRIVER INCIDENT REPORT

Shepherd's Center of Northern Virginia  
(If additional space is needed, use the back of this form.)

**Driver Name:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_  
\_\_\_\_\_

**Name & Phone Number of Rider(s) Involved:**

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

**Name & Phone Number of Witness(es) to Incident:**

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

**Were the police involved?**  Yes  No

**If yes, provide name and jurisdiction of police official, and accident report number:**

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

**Details of Incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fill out form completely and mail to:	Shepherd's Center 541 Marshall Rd SW Vienna, VA 22180
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