



Volunteer Manual



Helping Hands Come in All Shapes and Sizes

Approved 8/11/2011

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Introduction

The Geneseo Park District has developed the following manual to aid both staff and volunteers in the areas of recruitment, training, benefits, and recognition of the District's use of volunteers. Utilization of this information will insure that volunteers, defined as, "persons who give freely of their time", will feel that the Park District is organized and that the volunteer program is beneficial to them and for the Park District and community as a whole. It shall serve as the facilitation packet to secure volunteers for the District and ensure the district has the required documentation for each volunteer.

Mission Statement

The Mission of the Geneseo Park District is to enhance the quality of life in our community by providing a positive recreational experience for all.

Vision Statement

It is the vision of the Geneseo Park District to provide quality parks and recreational opportunities for the benefit and enrichment of our community today and in the future.

Volunteer Policy

The Geneseo Park District Board of Commissioners recognizes the important and vital role that volunteers play in the delivery of quality Park District programs and services to the constituents of the Park District and the surrounding areas. Utilizing the interests and skills of individuals residing in the community is a great resource to the community and promotes community support and spirit. These individuals make possible the implementation of an array of activities and provide the park district with an abundance of skills that would otherwise be unavailable. The increased number of programs and services enrich the mission of the Park District and assist in providing a beneficial quality of life to the residents of the Geneseo Park District.

The Geneseo Park District staff and commissioners will make every effort to recruit, train, supervise and recognize volunteers on an on-going basis.

Volunteer Philosophy

At the Geneseo Park District, we believe volunteerism is one of the highest forms of recreation. Community involvement is a vital key in staying active and making a

difference in others' lives. The District has an assortment of volunteer opportunities that can offer challenging and rewarding use of leisure time. Volunteer participation in the Geneseo Park District instills a sense of pride, ownership and responsibility

Geneseo Park District Overview

Welcome to the Geneseo Park District Team.

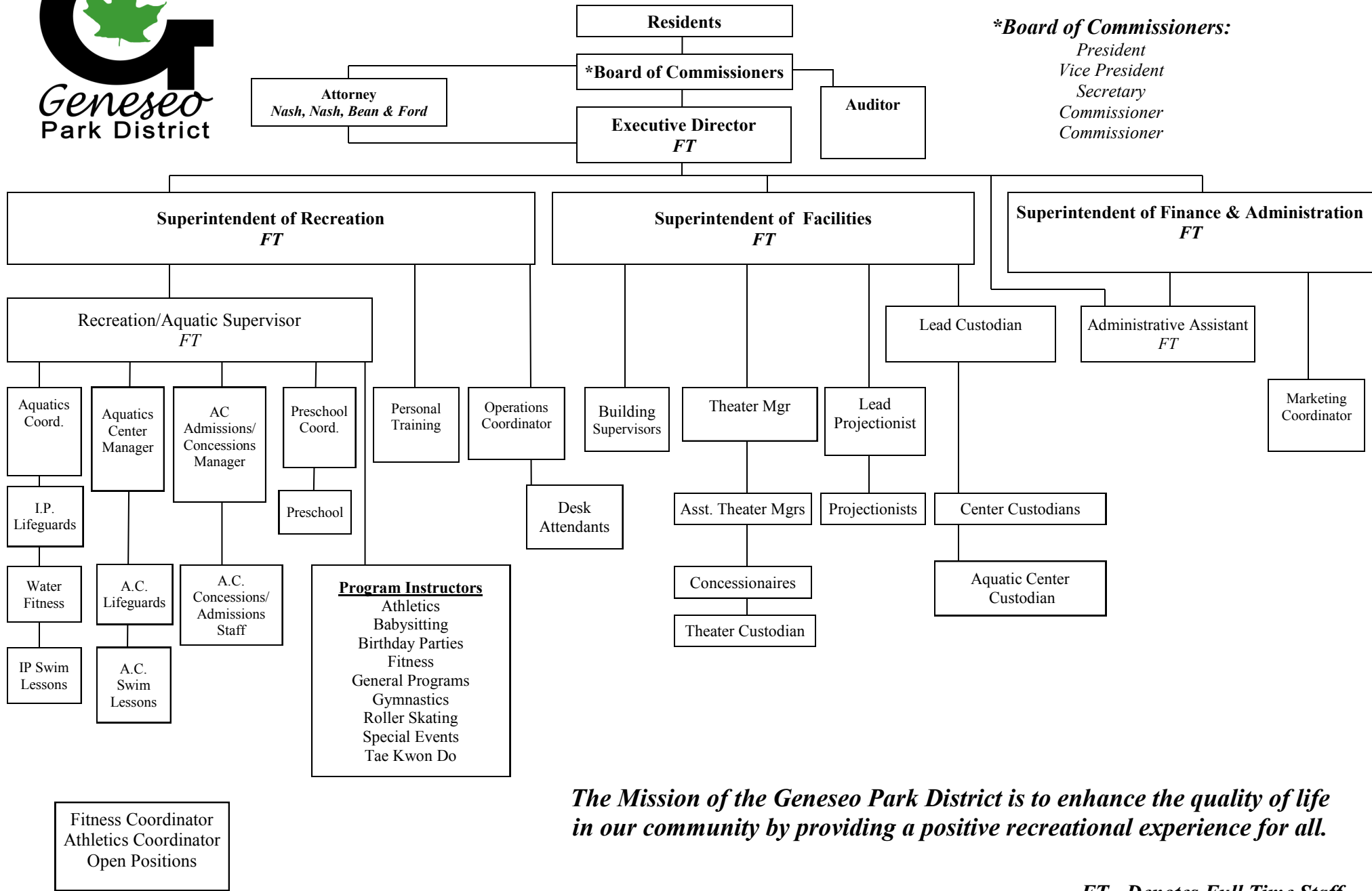
The Geneseo Park District Board works to provide the best possible park and recreation services to our residents and visitors. We have been as a community extremely lucky to have the facilities available where people can play, relax, learn and enjoy. The efforts and dedication made by the past and present staff and board members have made these great facilities possible. It is our hope that we continue to improve the quality of life through our parks and recreation facilities for all. We value your time, ideas and opinions and look forward to having you become a member of our team.

The Geneseo Park District is a subdivision of the State of Illinois and is organized under the Park District code of the State of Illinois; contributions made to the Park District are tax deductible as a charitable contribution by the donor. The Park District's purpose is to provide wholesome recreation opportunities that contribute to the Geneseo well-being of all citizens, by establishing and maintaining a comprehensive public park and recreation system. The Geneseo Park District was organized in May of 1953 by the vote of its people. The District encompasses some 144 square miles and takes in the City of Geneseo and parts of nine other townships (Hanna, Phoenix, Loraine, Osco, Atkinson, Cornwall, Munson, Edford, and all of Geneseo). It is governed by a Board of 5 elected commissioners who serve 4 year terms.

The Park District is proud of its record of continuing growth and expansion of services offered to the residents of the Park District. The growth and reputation of the Park District are the direct results of individual efforts and close cooperation by our Board of Commissioners and all of our employees. Our future success will depend upon continuation of these efforts, along with good safety habits, and adherence to the highest professional standards and ideals.



Geneseo Park District Organizational Chart



***Board of Commissioners:**
 President
 Vice President
 Secretary
 Commissioner
 Commissioner

The Mission of the Geneseo Park District is to enhance the quality of life in our community by providing a positive recreational experience for all.

FT - Denotes Full Time Staff

Contact Information

Emergency (police, fire)

Call 911

(on Park District phone system you need to Select Line then dial-9-911)

Executive Director – Andy Thurman

Cell (773) 440-2590

Superintendent of Facilities (Safety Coordinator) – Scott Himmelman

Cell (309) 507-3250

Superintendent of Finance & Administration – Paula Verbeck

Cell (309) 502-1224

Recreation/Aquatic Manager – Jackie Beach

Cell (563) 343-7404

PDRMA

Office (630) 769-0332

Fax (630) 769-0449

PDRMA After Hours – answering machine will provide an emergency number

Who Can Volunteer?

Volunteers must be 14 years of age to independently volunteer. Youth younger than age 14 may volunteer with a parent or legal guardian.

Recruitment

All volunteer situations should be planned and accounted for as a “win-win” relationship. Keep in mind that seeking and securing volunteers is important and valuable to the recruited person, and to the Park District. Both parties will communicate expectations to ensure the relationship offers value to the volunteer and the district.

Recruitment is the assumed responsibility of all staff, but is normally completed by the members of the Recreation Department who typically seek additional people for coaching, aids, special event helpers and assistants.

The Park District normally seeks volunteers through information placed in the seasonal brochures, press releases, school flyers, bulletin boards, registration, our website, and word of mouth.

Volunteer Application

All volunteers must complete a Volunteer Application Form.

Volunteer Background Check

Background checks will be performed on all volunteers over the age of 18.

Volunteer’s Role

All volunteers are considered to be ambassadors for the Geneseo Park District. As ambassadors, volunteers are expected to be courteous and helpful to guests, other volunteers, and staff. Being an ambassador also means that volunteers be enthusiastic and supportive of the Park District and our mission.

Volunteer Orientation

All new volunteers will go through an orientation with their supervisor where park district rules, regulations and policies will be covered along with an opportunity to ask any questions. Volunteer Job Specific responsibilities will be covered at this time.

Training

The key to success in any volunteer program and related efforts is effective training and open communications. Proper training clarifies what is expected of the volunteer in addition to assisting them in order to perform their job to the best of their ability. Additionally, it provides them with the knowledge regarding safety and emergency procedures that the Park District mandates to ensure the safety of all the participants, volunteers and staff. Instructions and procedural training will be kept simple.

Volunteers will be trained by the individual supervisor for whom they are working.

Volunteers who will be supervising participants will be trained on basic first aid and the emergency procedures as illustrated in the park district safety manual.

Remember that communication is the key to success.

Volunteer's Appearance

Appearance should be appropriate to the work situation and whenever feasible the Geneseo Park District issued Volunteer T-shirt should be worn. Depending on the event some volunteers may be required to wear nametags or badges. (Personnel Policy 6.9)

Safety

All volunteers are to follow the Board approved Safety Policy Manual. Your supervisor will review the Safety Policy Manual with you during your Orientation.

Non-Discrimination & Anti-Harassment

Park District volunteers and employees are expected to treat everyone with respect and dignity and are encouraged to report incidents of discrimination, harassment, or retaliation. (Personnel Policy 1.2)

Drug Free Workplace

Volunteers must not use or be under the influence of alcohol or drugs while acting on behalf of the Park District. (Personnel Policy 1.18)

Abused and Neglected Child Reporting

Volunteers who oversee children as part of their volunteer service are considered by law to be mandated reporters, and thus are required to report any suspected child abuse or neglect. (Personnel Policy 6.27)

Tobacco Use

Tobacco use is prohibited in and within 15 feet of any park district building or facility. (Personnel Policy 6.4)

Attendance, Punctuality & Dependability

Park District Staff relies on volunteers to help run successful programs. Please be on time for your volunteer duties. Call the appropriate supervisor if you are going to be late or absent. (Personnel Policy 6.8)

Tracking Volunteer Hours

Upon request the supervisor can provide a Volunteer Log for the volunteer to use to track their hours. Keeping and turning in logs is the responsibility of the volunteer. A letter documenting volunteer service hours will be issued from the HR Department upon receiving volunteer logs signed by both the volunteer and their supervisor.

Dealing with the Public

What you do and say reflects not only upon yourself but on the Park District as well. At some point during your service you may encounter a participant or be placed in a situation with a member of the public that requires special diplomacy. An individual who has confronted you typically does not care if you are a volunteer and does not want that used as an excuse for not dealing with their particular concern or situation.

Thus, the park district provides you with a common sense approach to dealing with difficult situations. Please review the following:

1. Be a Good Listener. Listen 80% of the time and speak only 20%.
2. Be understanding and sympathetic.
3. Be calm and attentive; do not get into a verbal argument with anyone.
4. Treat people the way you would want to be treated. It's simple but goes a long way.
5. Ask them what it is that they desire/want that would satisfy their situation.
6. Takes notes. Gather as much information as possible so the situation can be reported to your supervisor.
7. Remind the participant or parent, that the person who can take formal action on their situation is your supervisor and provide them with the name and number of your supervisor if requested.
8. DO NOT promise them anything.
9. Do not take what the individual says personally. It is only their opinion or interpretation and while it is important it may not be the entire story.
10. Handle each situation in an upbeat and positive manner.

Volunteer Medical Accident Insurance

The Park District Risk Management Agency is an intergovernmental membership organization which provides for the risk management needs of park districts, special recreation agencies and forest preserve districts in Illinois.

PDRMA has often been asked questions about coverage for volunteers and the following is a representation of some of the volunteer coverage questions:

When are volunteers covered by the Park District's Volunteer Medical Accident Insurance?

Volunteers are covered for accidental injuries to themselves while within the scope of their designated duties as a volunteer.

Are volunteers covered under the Illinois Workers Compensation statutes?

No. The Illinois Supreme Court has ruled that persons not receiving pay for their services are not employees within the meaning of the Workers Compensation Act, and are therefore not covered.

What if a volunteer is injured while performing their volunteer duties?

The claim should first be processed through any health insurance or Medicare coverage the volunteer may have.

If the volunteer does not have insurance or Medicare or their insurance does not pay all expenses, PDRMA does provide Volunteer Medical Accident Insurance, with certain limitations.

What coverage is provided by the Volunteer Medical Accident Policy?

The policy provides \$5,000 in medical expense coverage for injuries incurred while the volunteer is performing volunteer duties. **There is no coverage for lost wages from another job. The coverage is in excess over all other insurance the volunteer may have. The volunteer will be required to sign an affidavit attesting to what other insurance he/she may have, and provide bills and copies of explanations of benefits before this policy will cover any outstanding bills or out of pocket expenses.**

How is a claim reported?

- The Park District Accident/Incident Report should be filled out immediately.
- The claim should be reported to your supervisor or director, who will report it to PDRMA.

Volunteer Insurance Coverage

What liability coverage do I have as a park district volunteer?

- Volunteers are afforded the same liability protection through PDRMA as are park district employees.
- In order for that coverage to apply, you must be *acting within the scope of your authorized volunteer duties*. This same requirement applies to employees or board members of the district.

How does PDRMA's liability coverage coordinate with other available insurance?

- The park district is self-insured. That means the park district itself pays for all losses, claims, etc. PDRMA administers the park district's self-insured "coverage" program. In some instances, you may have insurance coverage available to you from other sources (e.g., auto liability or homeowner's liability coverage). Because the park district is self-insured, if you have other available insurance, you must first notify that other insurance carrier and request that they defend and indemnify you before the park district's self-insurance is available to you. This coverage coordination obligation applies to volunteers, employees or board members alike.

Can I be personally named as a defendant in a lawsuit?

- Yes, however, as long as you are acting within your authorized capacity and scope of your volunteer responsibilities, the park district (via PDRMA) will defend and indemnify you.

Do volunteers have any statutory protections from tort liability?

- Yes. The Federal Volunteer Liability Protection Act can provide immunity from negligence liability in some instances. In addition, the Tort Immunity Act provides certain statutory protections from liability for employees and volunteers of park districts. However, you do not have protection through PDRMA for either criminal acts or intentional misconduct.

Are volunteers covered by Workers' Compensation?

- No, volunteers are specifically excluded by the Act. You must be a paid employee to be entitled to protection under the Illinois Workers' Compensation Act.

Does PDRMA provide volunteer Medical Accident Coverage?

- Yes, PDRMA provides up to \$5,000 per occurrence in volunteer medical accident coverage (no fault). There is no coverage for lost wages from another job. This coverage is in excess of your own group or other medical coverage. It is intended to cover deductible and out-of-pocket expenses not covered by group or other medical insurance.

What is expected of me?

Like any employee of the district, volunteers are expected to:

- Act in the best interests of the park district at all times as a Park District program volunteer;
- Follow rules, regulations, guidelines, etc.;
- Be professional, courteous, and responsible;
- Complete Accident/Incident reports promptly and provide them to the district contact; and

- Always err on the side of caution and summon emergency medical services when you suspect a serious injury – i.e. head, neck, fracture, excessive bleeding, etc.

Transportation

You may not transport participants in your personal car.

Volunteer Recognition Program

In addition to the opportunity to be involved in your community and the internal rewards of a sense of pride, team work, ownership and responsibility for your park district you will be recognized in the following external ways...

- A Park District Volunteer T-shirt will be given to all volunteers.
- You will be recognized in both the paper and website seasonally
- You will be invited to a volunteer appreciation event each year to honor your service and provide fun, food and socializing.
- Priority Registration for programs. (some exclusions may apply)
- Parent volunteers may register their child for the program they are volunteering for free of charge. (some exclusions may apply)
- Volunteers who need proof of service hours can request a letter documenting their volunteer commitment.



Geneseo Park District

Volunteer Orientation Checklist

Name _____

Initial & Date

Volunteer Manual _____

Safety Manual _____

Personnel Policy Manual _____

List of Responsibilities in area volunteering _____

Introductions to all necessary staff _____

Facility/Area Tour _____

Forms

Volunteer Application _____

Volunteer Waiver & Release _____

Acknowledgment of Mandated Reporter Status _____

Safety Policy Manual Acknowledgment _____

Crisis Management Plan Acknowledgment _____

Consent to Drug and/or Alcohol Screening or Testing _____

I have completed an orientation and training for the above areas and feel I can perform my volunteer duties in a safe manner.

Volunteer Signature _____ Date _____

Supervisor Signature _____ Date _____



Geneseo Park District

Volunteer Application

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

Are you 18 or older? Yes No Birthdate _____

If Yes, we need the following information for a criminal background check

Social Security # _____

Race _____ Please circle either: Male or Female

Emergency Contact Name & Number _____

Please circle all areas you are willing to volunteer for:

Head Coach Assistant Coach Office Assistant Special Events

Program Assistant Outdoor Pool Maintenance/Custodial

Other: (Please specify) _____

Please list any applicable certifications

Please list any past applicable experience

Volunteer Informed Consent and Release

I offer to volunteer my services to the Geneseo Park District, and recognize that I will not be paid for my time. As a volunteer, I acknowledge that there are certain risks of physical injury to volunteers in their activities, and I agree to assume full risk of any and all injuries, damages or loss, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in this activity against the Geneseo Park District, including its officers, officials, agents, volunteers and employees. Additionally, I hereby give consent for the Park District to use photos or video coverage of me in future publications and promotions, and that these photos/videos remain the property of the Park District.

Criminal Background Check

I hereby authorize the Geneseo Park District to conduct an investigation of possible criminal offenses in my background, as required by section 8-23 of the Park District Code. (70ILCS1205/8-23)

Volunteer Signature _____ Date_____



VOLUNTEER WAIVER & RELEASE

IMPORTANT INFORMATION

The Geneseo Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that the district carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Park District/SRA to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Geneseo Park District, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PLEASE PRINT

Volunteer's Name

Volunteer's Signature

Date _____

PARTICIPATION WILL BE DENIED

If the signature of the volunteer and date are not on this waiver.



ACKNOWLEDGMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act (325 ILCS 5/4). This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois state Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date



Safety Manual Acknowledgment of Receipt

I, the undersigned volunteer, acknowledge receiving access to a copy of the Geneseo Park District's Safety Policy Manual and had time to review and ask any questions regarding the manual's contents.

Signature of Volunteer

Date

Crisis Management Plan Acknowledgment of Receipt

The Geneseo Park District Crisis Management Plan supplements the many safety policies and procedures already in place at the agency. As a volunteer, you are expected to read this document thoroughly and return this completed acknowledgment of receipt form which will be placed in your file.

Signature of Volunteer

Date



CONSENT TO DRUG AND/OR ALCOHOL SCREENING OR TESTING

I hereby voluntarily consent to submit to drug and/or alcohol screening or testing by a physician, clinic, hospital, laboratory or medical facility chosen by the Geneseo Park District at the Park District's expense to determine if I have alcohol or any controlled substance or cannabis in my system. I hereby consent to the physician, clinic, hospital, laboratory or medical facility taking and analyzing a sample or specimen of my breath, urine, saliva, blood and other similar substance. I also authorize the physician, clinic, hospital, laboratory or medical facility to disclose his, her or its findings, conclusions, and opinions regarding the drug and/or alcohol screening or testing to a Park District official or a designated representative, but to no other person without my written consent. If the results of such testing indicate that I have violated the Park District's Alcohol and Drug Abuse Policy, I understand that I will be subject to non-hire, or disciplinary action up to and including immediate discharge.

If I test positive for a drug which may be legally prescribed for prescription use, I hereby further consent to allow the Medical Review Officer of the medical facility which administered the test to contact my physician or pharmacist to verify my reported use of legally-prescribed drugs. I authorize my physician or pharmacist to provide the Park District or its agents with any current prescription bottles or physician's letters authorizing the use of any such medicines, which many explain the positive test results, and I will execute any consent or authorization forms may be required. I understand that the legal use of certain prescription drugs may disqualify me from certain jobs due to safety risks.

In consideration of my employment or continued employment, I hereby release and agree to hold the Park District and its elected officials, Commissioners, officers, members and agents harmless against any, and all claims, charges or causes of action whatsoever I now have or may have in the future which may arise from this testing or from any investigation or personnel action related to or arising out of any such testing.

I also acknowledge receiving, reading and understanding the Park District's Alcohol and Drug Abuse Policy. I understand that, in accordance with this policy, failure to execute this document and submit to drug and/or alcohol screening or testing, or failure to report to the Park District the use of legal drugs as required by the policy, may result in non-hire or disciplinary action, up to and including termination. I further acknowledge that I have read this consent form carefully and that I am signing of my own free will.

Employee Name: _____(Print)

Employee Signature: _____

Date: _____

Witness Signature: _____

I agree to the test I will not agree to the test

