



W.H.I.S.P.E.R.

Willoughby Hills Isolated Senior Program for Everyday Relief

"Bridging the Gap to Help Our Seniors"

Prepared By: Willoughby Hills Council Subcommittee on WHISPER July 2020

VOLUNTEER OVERVIEW

(CONTINUED FROM PREVIOUS PAGE)

When a service need becomes available, the volunteer shall be notified via mail and/or email, followed up with a phone call (if necessary.) The information will include the job location, description of the job, the name of the accompanying volunteer, the name of the supervising adult (if applicable), the City issued ID badge and duty slip. The supervising adult will wear a City issued pictured name badge and will provide the senior resident a duty slip that will list all duties being performed. Senior will be asked to sign the duty slip once job is completed and provide any comments. Once job concludes, the volunteer or supervising adult volunteer will turn in any/all receipts, duty slip and ID badge to the facilitator.

The volunteer is responsible for advising the Facilitator of his/her availability and willingness to perform the task. Each volunteer is responsible for signing in and out of the assigned task through the Facilitator. This will allow the Facilitator to document volunteers and certify hours worked for School Credit, if applicable. No Shows will be noted on the Master Volunteer List. Please make every effort to fulfill volunteer commitment and notify the Facilitator as soon as possible if you are unable to serve at an assignment you had previously agreed to take.

VOLUNTEER ASSESSMENT

- The number of volunteers needed to complete the task.
- The volunteers have the skills that are needed.
- If there is a group of individuals for the task, or if it will only require the two-volunteer minimum.
- If there is liability whereby risk management assessment is required.

**WILLOUGHBY HILLS ISOLATED SENIORS
PROGRAM FOR EVERYDAY RELIEF (“WHISPER”)
VOLUNTEER APPLICATION**

DATE: _____

NAME OF INDIVIDUAL OR GROUP: _____

AGE OF INDIVIDUAL(S): _____

GROUP AFFILIATION: _____

CONTACT PERSON/ PARENT/GUARDIAN: _____

ADDRESS OF VOLUNTEER: _____

PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL ADDRESS: _____

**MY CHILD _____ IS A MINOR AND I _____
AM GIVING PERMISSION FOR HIM/HER TO BE A WHISPER VOLUNTEER.**

Signature of Parent/Guardian

Date

**IF YOU ARE 18 YEARS OR OLDER, ARE YOU WILLING TO SUBMIT TO A
BACKGROUND CHECK? Y/N _____**

**IF YOU ARE 18 YEARS OR OLDER, HAVE YOU ALREADY HAD A
BACKGROUND CHECK WITHIN THE LAST YEAR? Y/N _____**

PROVIDE DETAILS: _____

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VOLUNTEER APPLICATION

(CONTINUED FROM PREVIOUS PAGE)

WHAT ASSISTANCE /SERVICES ARE YOU ABLE TO PROVIDE?

ARE YOU ABLE TO SERVE AS A DRIVER? Y/N _____

(You must be 25 years or older; have a valid driver's license, proof of full coverage insurance)

IF GROUP, HOW MANY VOLUNTEERS CAN YOU PROVIDE? _____

AVAILABILITY OF EACH VOLUNTEER (Sun-Sat, AM/PM)

COMMENTS: _____

Please return this form to:

MAIL: City of Willoughby Hills, Mayor's Office
35405 Chardon Road Willoughby Hills, OH 44094
Phone 440-918-8730

EMAIL: mayor@willoughbyhills-oh.gov

FAX: 440-975-3535

Please contact the Mayor's office with any questions or concerns.

WHISPER – VOLUNTEER AGREEMENT/
FULL AND FINAL RELEASE/WAIVER/
FULL INDEMNIFICATION

*Our mission is to provide help to the seniors of the City of Willoughby Hills
in need of assistance, temporarily or permanently.*

This agreement is intended to indicate the seriousness with which WHISPER treats our volunteers. The intent of the agreement is to assure both our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.

I. WHISPER PROGRAM COMMITTEE

We, the WHISPER Program Committee agree to accept the services of _____
beginning _____, _____ and we commit to the following:

1. To provide adequate information, training and assistance for you to be able to meet the responsibilities of your volunteer assignment.
2. To ensure diligent supervisory aid to you and provide feedback on performance.
3. To respect your skills, dignity and individual needs, and to do our best to adjust to these requirements.
4. To be receptive to any comments from you regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat you as an equal partner with WHISPER Program Committee, jointly responsible for completion of WHISPER Program mission.

II. VOLUNTEER

I, _____, recognizing the important responsibility I am undertaking in serving as a member of the WHISPER Volunteer Program, agree to serve in a trustworthy and diligent manner as a volunteer and commit to carry out the duties and obligations in my role as a volunteer as follows:

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**WHISPER – VOLUNTEER AGREEMENT/ FULL AND FINAL RELEASE/WAIVER/FULL
INDEMNIFICATION**

(CONTINUED FROM PREVIOUS PAGE)

1. To perform my volunteer duties to the best of my ability and advocate for our community's seniors in a positive and supportive manner. To adhere to and support WHISPER Program rules and procedures.
2. To provide the help that reflects our community's values of fairness, honesty, equality, and responsibility to assist others in need.

If for any reason, I find myself unable to carry out the above duties to the best of my ability, I agree to resign my position as volunteer.

Furthermore, I understand that I am agreeing that as a volunteer, I will perform activities that I am comfortable doing and may be hazardous and I assume all risks of any nature whatsoever. WHISPER Program Committee has taken every precaution to avoid any liability, risk or hazard in any assigned task. I understand that "outside the home tasks" do not warrant the volunteer access "inside the home" at any time under any circumstances. I also agree that I will not hold the City of Willoughby Hills responsible for any damage, injury, claim or cause of action to me or my property as a result of my participation in the WHISPER Program. I fully release and discharge the City of Willoughby Hills, its employees, agents and representatives. I agree to be responsible for my behavior and to indemnify and hold harmless the City of Willoughby Hills from any and all damages, causes of action, negligence or any other claims or liabilities arising out of my participation as a volunteer. I also grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this program.

AGREED TO:

_____ Volunteer	_____ WHISPER Program Committee Representative
_____ Date	_____ Date

If volunteer is under the age of 18, a parent's authorization is required:

_____ Parent authorizing child's participation	_____ Date
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WHISPER PROGRAM

INSURANCE COVERAGE FOR VOLUNTEERS

The City of Willoughby Hills currently carries Personal Liability Coverage through USI Insurance Services, LLC (www.usi.com), 10100 Innovation Drive, #220, Dayton, OH 45342, underwritten by the Public Entity Practice (PEP). Agent is Vice President, PEP, Mr. Rob Beglin with the following contact information: phone: 937-913-1320 and email rob.beglin@usi.com.

Mr. Beglin has confirmed that the City's Personal Liability Coverage provides coverage for volunteers, as outlined in Section III (B) (4) of the City's policy, which renews annually on October 18th. This section of the policy outlines coverage for "volunteer or student who performs a service for you at your request."

As a form of risk management, PEP also recommends the following as part of their "Volunteers: Best Practices" guidelines:

- Documented policies and guidelines that outline the expected duties and responsibilities of the volunteer and the organization.
- Consistent practices for onboarding that include background checks of all applicants. These background checks should include criminal records, sex offender, ID verification, drug screening and motor vehicle records check.
- In-person training of the volunteers that provide materials detailing the organization's mission, policies and safety guidelines.
- Obtaining waiver forms from the volunteers, if needed.
- Consistent supervisors of volunteers and their tasks.
- Rescreening of all volunteers at predetermined intervals, including motor vehicle record checks if the volunteer uses the organization's or their own vehicle in conducting tasks for the organization.

Volunteers are a great asset to an organization; however, they also create additional risks. Proactive risk management practices can help protect organizations and improve the services provided by these volunteers.



City of Willoughby Hills Release

In consideration of permission granted to me for my participation in a City of Willoughby Hills, Willoughby Hills Recreation Department, Willoughby Hills Community Center, Willoughby Hills Senior Center, Willoughby Hills Isolated Senior Program for Every Day Relief (W.H.I.S.P.E.R.) or Willoughby Hills Youth Sports League Program (hereinafter referred to collectively as “City Program”) and other valuable consideration, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Willoughby Hills, its Recreation Department, Community Center, Senior Center, W.H.I.S.P.E.R., Youth Sports League, officers, directors, employees, officials and agents, jointly and severally, from any and all claims, demands, causes of action, judgements, and executions, which may arise out of my participation in a City Program.

Furthermore, in consideration of permission granted to me for my participation in a City Program, I hereby agree to the fullest extent permitted by law, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify, hold harmless and defend the City of Willoughby Hills, its Recreation Department, Community Center, Senior Center, W.H.I.S.P.E.R. Program, Willoughby Hills Youth Sports League Program, officers, directors, employees, officials and agents, from and against any and all losses, claims, demands, payments, costs, fees, attorney’s fees, suits, causes of action, recoveries and judgments, of every nature and description, made, brought or recovered against the City of Willoughby Hills, and any of its departments or representatives, at any time by reason of my participation in a City Program.

Furthermore, I, as a participant in a City Program, agree to adhere to any and all rules, policies and guidelines as set forth by the City of Willoughby Hills, the State of Ohio, the Ohio Department of Health, Lake County, the Lake County Board of Health, and/or the Responsible Restart Ohio Sector Specific Operating Requirements, as they pertain to the COVID-19 pandemic and the City of Willoughby Hills’ response, including but not limited to the screening participants for signs of fever, acknowledgement by participants of being COVID-19 symptom free, and social distancing protocols.

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City of Willoughby Hills Release

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I, as a participant in the City Program noted below, hereby agree to the terms as stated above:

Print Name _____

Signature _____

City Program _____

Date _____

I, as a parent or legal guardian of a participant that is a minor, ward, or under the age of 18 years (hereinafter referred to as "Participant"), hereby consent to said Participant's participation in the City Program noted below, and agree to the terms as stated above as they relate to Participant's participation in the City Program named below.

Participant's Name _____

Participant's Age _____

City Program _____

Parent or Legal Guardian's Name _____

Signature of Parent or Legal Guardian _____

Date _____