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VOLUNTEER ORIENTATION HANDBOOK

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MARION COUNTY BOARD OF MR/DD

2387 Harding Highway East

Marion, OH 43302

740-387-1035

WELCOME

Welcome to the Marion County Board of Mental Retardation/Developmental Disabilities (MR/DD). We appreciate your interest in being a part of MARCA's long-standing tradition of providing excellent services to persons with MR/DD in Marion County.

This is our VOLUNTEER ORIENTATION HANDBOOK. We hope that it provides answers to some of the questions you may have. Please note the following instructions regarding this handbook:

- Please complete and return all pages marked with a dot in the upper right corner to the Human Resource (HR) Department.
- A criminal background check through the Bureau of Criminal Investigation is required of all staff who work with our population. The fee will be paid by the Marion County Board of MR/DD. Completion of the form requiring your personal information and signature will ensure that you receive a report also.
- Your signature on the BCI Affidavit must be notarized and we have notary services available here at Marca. You must initial the final two pages of this affidavit.
- Please complete and return the Volunteer Attendance Sheet to your supervisor on a monthly basis. It is with this form that we prepare a list of people to invite to our annual Staff Appreciation Banquet.
- As you may note, there are two copies of the Bill of Rights for Persons with MR/DD. One is to be signed and returned to HR. The other one is for you to keep as a reference.
- We have provided you with our most recent copy of our Abuse and Neglect Policy. Please sign and return the Policy Sign Off sheet to HR. You may keep the policy.

Once again, we appreciate your interest in being a part of our team of caring professionals in service to Marion County citizens with Mental Retardation and Developmental Disabilities. If you have any questions or concerns, please feel free to contact your supervisor or the HR Department.

MARION COUNTY BOARD OF MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES

VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____ S.S.# _____

_____ TELEPHONE _____

List any skills, education, previous experiences, strengths you could bring to our agency and individuals with Mental Retardation/Developmental Disabilities (MR/DD).

List any areas in which you feel you may need training to function at your very best.

Please circle your preferences.

Frequency you wish to volunteer: Weekly Monthly Longer Intervals

Day(s) of the week preferred: Monday Tuesday Wednesday Thursday Friday Weekend

Time Preference: Morning Afternoon Evening Weekends

Commitment Time Limit: 1 month 3 months 6 months 1 year Indefinite

I am most interested in volunteering for the group(s) check marked below:

- | | |
|--|--|
| <input type="checkbox"/> Pre-school (ages 0-5) | <input type="checkbox"/> Case Management/Services (all ages) |
| <input type="checkbox"/> Primary (ages 6-10) | <input type="checkbox"/> Adult Program (ages 22 and up) |
| <input type="checkbox"/> Intermediate (ages 11-15) | <input type="checkbox"/> Special Olympics (all ages) |
| <input type="checkbox"/> Vocational (ages 16-21) | <input type="checkbox"/> Other _____ |

SIGNED _____

DATE _____

MARION COUNTY BOARD OF MR/DD
MARCA SCHOOL AND INDUSTRIES
HUMAN RESOURCES DEPARTMENT

POSITION DESCRIPTION

TITLE: VOLUNTEER
PROGRAM: SCHOOL, INDUSTRIES, CASE MANAGEMENT

DUTIES AND RESPONSIBILITIES:

1. To assist the full time staff in implementation of individual goals.
2. To provide individuals opportunity to develop individual social interaction.
3. When trained and assigned, assist in the implementation of behavior programs.
4. Maintain a cooperative, positive working relationship with staff in all programs.
5. Project a positive view of the program in the community.
6. Act as a role model for individuals regarding appropriate clothing and behavior.
7. View inservice videotapes as requested that include but are not limited to lifting, infectious disease control, etc.
8. To grow in personal skill and knowledge of the task or project assigned while enhancing the experiences of the individual.
9. Be aware and become familiar with safety and evacuation procedures as outlined in the Health and Safety Manuel located in each work area.

SPECIFIC SKILLS OR ABILITIES NEEDED:

1. Demonstrate effective oral and written communication and interpersonal skills.
2. Ability to do basic math computations.
3. Ability to lift.
4. Willingness to work with potentially aggressive individuals.
5. Willingness to work with possible exposure to contagious diseases.

EDUCATION AND/OR EXPERIENCE: Varies with assignment.

TIME REQUIREMENTS: Varies with assignment.

SUPERVISOR'S TITLE: Varies with assignment.

VOLUNTEER SIGNATURE

DATE

STAFF SIGNATURE

DATE

VOLUNTEER ACTIVITIES

Following is a list of possible volunteer activities or assignments that you may be encouraged to participate:

Assist with lunchtime for children and adults from 11:00 a.m. to 12:30 p.m.

Assist with recess duty for pre-school and school age children from 11:00 a.m. to 12:30 p.m.

Assist with swimming at the YMCA for pre-school and school age children from 1:00 p.m. to 2:30 p.m.

Assist with wheelchair mobility.

Assist with sensory and stimulation activities such as aroma therapy, brushing, application of lotions, etc.

Assist in performing hair brushing, grooming, tooth brushing, manicures, massage therapy.

Go on walks around our campus and to Kennedy Park.

Help lead exercises to a video tape.

Play the piano for sing-along or other musical activities.

Play board games, cards, puzzles.

Assist with crafts, painting, drawing, or small woodworking activities.

Assist with community outings or field trips.

Provide instruction in cooking or baking activities.

Talk and read to individuals.

But mostly, just be a friend!!

MARION COUNTY MR/DD

CONTINGENCY ACKNOWLEDGEMENT
FOR VOLUNTEERS

I hereby acknowledge to the Marion County Board of Mental Retardation and Developmental Disabilities (MR/DD) that volunteer activities with this agency are contingent upon receipt of acceptable:

- Driver abstract, if required
- Ohio Bureau of Criminal Identification (BCI) as required by Senate Bill 38
- Federal BCI check, if required
- Nurse Aide Registry
- Abuse Registry

As dictated by Senate Bill 38, it is required that any person that will be working with individuals with MR/DD must successfully complete a background check. If age 18 or older, I shall voluntarily submit to this process. As a volunteer, I further understand that this background check will be funded by the Board.

Waivers for the acquisition of these legal documents, as well as this acknowledgement, are freely signed and submitted and I recognize such procedures as standard board policy for volunteer interaction with individuals with MR/DD.

The volunteer program has been explained to me. I agree to follow the instructions of staff members and to keep confidential all information about individuals with MR/DD. I will notify the office if I cannot volunteer on my scheduled days.

I understand that my efforts as a volunteer do not entitle me to any wages or other benefits and do not include any hiring privileges for future staff openings.

Signed _____

Date _____

MARION COUNTY BOARD OF MR/DD
IMPORTANT ISSUES

EMERGENCY PROCEDURES

The Marion County Board of MR/DD has in place emergency procedures to be followed in case of fire, tornado, bomb, power failure, chemical spill, earthquake, and biological threat. A HEALTH AND SAFETY PROCEDURE MANUAL is available in each work area (school, administration, middle management, habilitation, main production floor, Mac building, and the Beidler Center). Please familiarize yourself with each of the specific emergency procedures outlined in the manual. Following is a copy of Page 1 of the Health and Safety Procedure Manual—Emergency Procedures.

Briefly, emergency drills are scheduled monthly to ensure staff and individuals are familiar with procedures to ensure the health and safety of all persons on premises. As required by law, fire evacuation diagrams are posted throughout the buildings. Tornado shelter areas are highlighted in blue on these evacuation diagrams and are any room that does not have an outside wall and expansive ceiling.

INFECTION CONTROL

Policy #56, Infection Control and Bloodborne Pathogens, was created to provide and maintain a living and working environment conducive to optimal promotion of the health and safety of all persons in the agency. The purpose of the exposure control plan is to eliminate or minimize occupational exposure to blood or certain other body fluids. Hand washing and personal protective equipment (especially gloves) is vitally important when there is a possibility of exposure to another person's bodily fluids or other infectious materials. Please review Policy #56 to familiarize yourself with our goal of infection control.

BEHAVIOR SUPPORT

This is a statement which outlines a focus on positive intervention strategies and encourages that the least restrictive and least intrusive forms of intervention be used. The Marion County Board of MR/DD recognizes that the purpose of behavior support is to structure an individual's interactions with the environments. This shall be accomplished in such a way as to develop and promote patterns of behavior which will allow that person to function as fully as possible in present and future less restrictive community settings.

To this end, interventions which use the most common everyday consequences and are applied in the most normal, integrated community settings shall be used. These interventions shall contain positive, reinforcing components to teach desirable behaviors and may use aversive consequences only when these have been determined to be the least restrictive and least intrusive choices.

Due to the unique needs of each individual served, volunteers should check with their supervisor regarding specific instructions on how to manage unusual behaviors. Beyond this, the general rule is that no physical punishment of any kind is to be used nor are individuals to be isolated from the group

without specific instructions from a supervisor. Volunteers should be informed by their supervisor about specific techniques being used with enrollees to promote these patterns of appropriate behavior.

MEDICATIONS

Volunteers are not permitted to dispense medications. Please see the staff or supervisor in charge of your work area should an individual request medication of any kind.

SEIZURE DESCRIPTIONS

GRAND MAL SEIZURE With these seizures, the individual may suddenly become rigid and then the muscles of the arms relax and wrench again so that they jerk and twitch. Some individuals may urinate uncontrollably. After the seizure there could be a period of sleepiness which varies according to the individual.

PETIT MAL SEIZURE These seizures usually take the form of brief staring spells, 5-10 seconds in duration. They may occur many times a day. Individuals who have petit mal seizures are often accused of daydreaming.

SEIZURE PROCEDURE FOR VOLUNTEERS

WHAT SHOULD I, AS A VOLUNTEER, DO FOR AN INDIVIDUAL IN SEIZURE?

Above all, **REMAIN CALM** and request assistance from area staff. Remove other individuals from the immediate area. Do not leave the individual alone. Most seizures are brief and end spontaneously. Follow procedures as outlined below:

The primary effort being made is to prevent the victim from hurting him/herself. When an individual has a seizure, the following safety and reporting procedures must be followed:

1. **REMAIN CALM.**
2. Push away nearby objects and remove other individuals from the immediate area.
3. Do **NOT** force a blunt object between the victim's teeth.
4. Begin timing actual seizure. If seizure approaches 2 to 3 minutes, preparation will be made to send the victim to the hospital immediately. Notify the front office for help; do not leave the victim or group unattended; or follow procedure outline for specific enrollees.
5. Loosen clothing around neck.
6. Keep victim lying down. Do not attempt to restrain.
7. Keep airway open.
8. Turn head to one side or have the individual lie on stomach.
9. After seizure, allow the individual to rest.
10. A staff member will document each seizure on an Unusual Accident/Incident Report indicating time, duration, and other pertinent information and turn it in to the designated supervisor to review and sign.

MARION COUNTY BOARD OF MR/DD
STAFF EVALUATION OF VOLUNTEER

NAME OF VOLUNTEER _____ DATE _____

NAME OF STAFF _____

Please create the performance of the volunteer in the following area using this scale of 1 to 5:

5	4	3	2	1	0
Excellent		Satisfactory		Needs Improvement	Poor

- _____ The volunteer was able to carry out instructions.
- _____ The volunteer has been able to work with the staff
- _____ The volunteer seemed to enjoy working in assigned area.
- _____ The volunteer was able to work without much direction from the staff.
- _____ The volunteer at all times maintained a professional relationship with the individuals and staff
- _____ The volunteer has been able to establish rapport with the individuals.
- _____ The volunteer provided an appropriate model for the individual in speech and behavior.

COMMENTS _____

Please feel free to make comments with regards to the above evaluation as well as the evaluation points listed on the attached form.

STAFF: PLEASE COMPLETE AND RETURN THIS SHEET TO YOUR SUPERVISOR

SUPERVISOR: AFTER REVIEW, PLEASE FORWARD TO HUMAN RESOURCES.

WOULD YOU RECOMMEND THIS INDIVIDUAL FOR CONTINUED ACTIVITY? _____

SUPERVISOR SIGNATURE DATE

THINGS TO LOOK FOR IN AN EFFECTIVE VOLUNTEER

1. Does the volunteer give directions clearly and concisely? Is the vocabulary suited to the individual's level of comprehension? Does the volunteer check the individual for understanding.
2. Did the volunteer find opportunities for providing choices rather than telling the individual what to do?
3. Does the volunteer understand the task to be done?
4. Was the volunteer helpful to the staff when there was an obvious need for help?
5. Does the volunteer adjust to the individual's attention span, learning style, likes, dislikes, and preferences?
6. Does the volunteer successfully do the job he/she is asked to do?
7. Does the volunteer consistently reinforce the appropriate behavior?
8. Do the children/clients like and want to work with the volunteer?
9. Is the volunteer's tone and manner positive? Does the volunteer maintain eye contact?
10. Did the volunteer follow the directions of the staff? Good listener of staff as well as individuals?
11. Is the volunteer sensitive to the attitudes and feeling of the people they are working with?
12. Can the volunteer deal with inappropriate behavior in a constructive manner?
13. Does the volunteer understand and utilize positive reinforcement techniques?
14. Does the volunteer try to see that each individual experiences some success?
15. Can the volunteer correct the individual's work without damaging their self-concept?
16. Can the volunteer accept constructive criticism and suggestions from staff without becoming upset?
17. Did the volunteer provide too much help to individuals rather than allowing them time to think?
18. Did the volunteer criticize individuals, staff or the program?

NAZARENE BUS DRIVERS/MONITORS ONLY

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FORMS TO ATTACH

BCI AFFIDAVIT

EMPLOYEE EMERGENCY INFORMATION

CONFIDENTIALITY AGREEMENT

EMERGENCY PROCEDURES – Page 1 of the section 3

ABUSE AND NEGLECT POLICY / SIGN OFF

ACRONYMS