Volunteer Respite Manual: Creating Valuable Options for Family Caregivers
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This project was supported, in part, by grant number 90LT0002, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.
Acknowledgments

ARCH developed the original Volunteer Respite Manual in collaboration with Easterseals. ARCH wishes to acknowledge Monica Uhl who provided expert revisions to update the document. ARCH would like to thank Norma McReynolds for layout.

ARCH thanks the staff from the volunteer model programs who provided information and resources on their respite services for inclusion in this manual – Masterpiece R&R Respite Care Program, Gio’s Garden, Caregiver Volunteers of Central Jersey/Alzheimer’s Respite Care Program, Lifespan of Greater Rochester Caregiver Respite Program, and Easterseals DC MD VA Respite Program/Community Respite Program.

The mission of the ARCH National Respite Network and Resource Center is to assist and promote the development of quality respite and crisis care programs, to help families locate respite and crisis care services in their communities, and to serve as a strong voice for respite in all forums.

The ARCH National Respite Network and Resource Center consists of the ARCH National Respite Resource Center (archrespite.org), the training and technical assistance division, which provides support to service providers and families through consultation, training, evaluation, and research. The ARCH National Respite Network and Resource Center also includes the National Respite Locator (archrespite.org/respitelocator), a service to help family caregivers and professionals locate respite services and funding sources in their community; the National Respite Coalition (archrespite.org/national-respite-coalition), a service that advocates for preserving and promoting respite in policy and programs at the national, state, and local levels; and the Lifespan Respite Technical Assistance Center which is funded by the Administration for Community Living in the U.S. Department of Health and Human Services. The Lifespan Respite Technical Assistance Center provides training and technical assistance to state Lifespan Respite grantees and their stakeholders, including State Respite Coalitions, and others interested in building such systems at the state and local levels.
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For more resources, explore Volunteer Respite Manual appendices at archrespite.org/volunteer-respite-manual-appendices.
Introduction

More than 1 in 5 Americans (21.3 percent) are caregivers of an adult or child with special needs. In 2019, this totals an estimated 53 million adults in the United States, up from the estimated 43.5 million caregivers in 2015 (National Alliance for Caregiving and AARP Public Policy Institute, 2020). In addition, the 2017-2018 National Survey of Children’s Health (NSCH) found that almost 13.6 million children under 18 have special health care needs (Child and Adolescent Health Measurement Initiative, 2017-2018).

Many of us will be in the role of family caregiver at some point, either for brief or extended periods. Whether providing care for an older parent, a spouse, a child with disabilities, grandchildren, or even a friend or neighbor, the chances that our assistance will be needed are growing. Because of the added responsibilities and unique challenges of being a family caregiver, it is very important to provide support and respite options for caregivers so they can continue being successful in their caregiving roles.

Among the most significant barriers to family caregiver use of respite are the shortage of qualified respite providers and the cost of the service itself. Increasingly, programs are turning to the use of volunteers when available and appropriate to help provide respite services, curtail costs, and improve affordability for families. Volunteers are essential to families who may not be able to afford respite, who live in geographically isolated areas with fewer resources, or who face limited access to services because of a shortage of paid providers. Additionally, volunteers are assets to organizations because they are an unpaid source of labor; with volunteers, programs can stretch limited resources to provide services to more family caregivers and care recipients.

Another benefit of using volunteers is to expand the caregiver’s and care recipient’s circle of relationships. Often, the only people in a care recipient’s life are those paid to be there. Volunteers offer a unique aspect to respite, not because they are “free” but because their relationships are freely given.

However, keep in mind that volunteer respite is not without some costs, and not every respite program has the need for or capacity to successfully organize and operate a volunteer program. Careful consideration of the resources required to successfully integrate volunteers into a respite program is key to building a sustainable program. Finding a few people willing to spend a few hours helping out will not guarantee success. Recruiting, training, supervising, and evaluating volunteers require ongoing staff time and resources.
What is Respite?

Respite is defined as “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult” (Lifespan Respite Care Program Act, P.L.109-442). Although respite definitions vary among organizations and service delivery systems, they all share the main idea that respite allows family caregivers pause from their continuous tasks as caregivers while their loved ones are cared for at home or in safe, meaningful, and appropriate community settings.

Results from the Corporation for National and Community Service (CNCS) Senior Companion Program Caregiver Study showed that 40% of caregivers reported that their health had improved from fair or poor to good after receiving respite support (Georges, A, et al., 2018). Similarly, a recent evaluation of respite services provided through the National Family Caregiver Support Program (NFCSP) found that caregivers who received 4 or more hours of respite care per week had a decrease in self-reported burden over time. In addition, among caregivers who used NFCSP respite care, as the respite hours per week increased, so did the probability of a more favorable response regarding caregivers’ perception that services helped them continue caregiving (Avison, C, et al., 2018).

In legislation authorizing the Lifespan Respite Program, family caregiver is defined as “family members, foster parents, or other adults providing ongoing unpaid care for an adult or child with a special need.” Family caregivers will be used interchangeably with caregiver in this manual. However, both terms are meant to refer to family or non-family members who are the primary caregivers of an individual with a special need and who do so without compensation or for a minimal government stipend.

Purpose of the Manual

The purpose of this step-by-step manual is to help community and faith-based programs, Lifespan Respite grantees and their partners, and others, assess their individual needs, plan and implement volunteer respite programs, and assist state Lifespan Respite programs as they address the requirements in the Lifespan Respite Care Act to build respite capacity through volunteer training and recruitment.

Interspersed throughout the document are “callouts” with additional resources for reading further on specific topics, highlights of national volunteer respite initiatives, and examples of local volunteer respite programs. It is our hope that as state Lifespan Respite programs develop, enhance and sustain statewide systems of coordinated and accessible respite services, they will use this guide to help them directly or through their subcontracts with faith- or community-based organizations to pursue respite expansion by using volunteers in an array of respite care options for families. This document is also intended to be a resource to any local, state or national initiative interested in expanding the use of volunteers to provide or support respite services.

What is the Lifespan Respite Care Program?

According to the Lifespan Respite Care Act (P.L. 109-442), Lifespan Respite is defined differently from the commonly accepted concept of respite as a “service or program.” Lifespan Respite is defined as a “coordinated system of community-based respite for family caregivers of children or adults regardless of special need.” Using this definition, state Lifespan Respite grantee agencies, which are funded by the Administration for Community...
Living in the U.S. Department of Health and Human Services under the Lifespan Respite Program in collaboration with a State Respite Coalition, Aging and Disability Resource Center (ADRC) or No Wrong Door system, and other stakeholders, are charged with:

- Expanding and enhancing respite services at the state and local levels;
- Improving coordination and dissemination of respite services;
- Streamlining access to respite programs;
- Filling gaps in service where necessary; and
- Improving the overall quality of the respite services currently available (Administration for Community Living, nd).

### Benefits of Volunteering

Nationally, volunteering is quite prevalent with an overall volunteer rate of 24.9%. About 62.6 million people volunteered through or for an organization at least once between September 2014 and September 2015 (U.S. Department of Labor, Bureau of Labor Statistics, 2016).

Research has found that volunteering has many health advantages, including physical, mental, and social benefits. The *Doing Good is Good for You Study* revealed that 75% of volunteers felt physically healthier by volunteering (UnitedHealthcare and VolunteerMatch, 2017).

According to the Mayo Clinic, there are six health benefits of volunteering:

1. Decreases risk of depression;
2. Gives a sense of purpose and teaches valuable skills;
3. Helps you stay physically and mentally active;
4. May reduce stress levels;
5. May help you live longer; and
6. Helps you meet others and develop new relationships.

Volunteers experience feelings of life satisfaction and well-being as well as enhanced social support because of the friends they make through volunteering (Mayo Clinic Health System, 2017). Other studies have found that volunteers are less likely to suffer from stress or depression and that helping others can even prolong one’s life and may improve brain health (Proulx, C, et al., 2017). Thus, it is easy to see that engaging in volunteer work provides invaluable benefits for both the recipient and the volunteer.

According to a recent report from the Corporation for National and Community Service (CNCS), research shows that volunteering is good for the health and well-being of volunteers. Through the CNCS Senior Corps (SC) programs adults 55 and older who volunteered reported that they are happier and healthier if they volunteer in their communities. Some of the reported benefits included that 84% of the SC volunteers had
improved or stable health after 2 years of service, 88% reported feeling less isolated, and 78% had fewer symptoms of depression. Volunteering clearly provides an opportunity for people of all ages to engage in rewarding and meaningful community service where they can experience personal growth and a chance to make new connections (Georges, A, et al., 2018).

Regardless of age, intergenerational volunteering in particular can have beneficial effects for each generation and for the community as a whole. In addition, volunteers are twice as likely than non-volunteers to donate to charities (80% vs. 40%) and are more engaged in their communities overall (Corporation for National and Community Service, 2018).

Using Volunteers in All Types of Respite

Respite can take place in a variety of settings and be offered in many different ways. Respite can be provided in a person’s home or in a community setting, depending on what is most suitable for the care recipient and family at that time. Some family caregivers may prefer respite on a regular, planned basis for a few hours each week, while others may turn to respite only in emergency situations. Certain families prefer to drop off the care recipient at a center-based program, facility, or another provider’s home for a few hours a day, overnight, or for an entire weekend so they can take a break from caregiving tasks to take time for themselves or fulfill other obligations, such as doing household chores or tending to other family members. Other families, or even the same family at a different time, may prefer in-home respite, which provides the benefits of a consistent setting for the care recipient and also avoids any problematic transportation issues. Typically, family needs for respite are dynamic and change over time depending on the current family situation.

Out-of-home settings where respite may occur include community or faith-based programs, center-based programs, child or adult day care centers, assisted living facilities, nursing homes, after-school programs, group or foster care homes (child and adult), residential facilities, parks and recreation programs, and also the respite provider’s home. Respite can also be provided during certain scheduled activities or events or planned outings, such as mentorship programs in which volunteers are matched with care recipients, or through cooperatives where families take turns sharing caregiving responsibilities. Event respite involves scheduled activities that may take place periodically (monthly or weekly) on a planned or drop-in basis. For example, a day of horseback riding for children with autism or an occasional lunch program or weekend retreat for those with dementia can serve as respite for family caregivers and as a break for the care recipient who may benefit from a few hours or a few days in the company of others.

Volunteers can be used in virtually all of these settings, if adequately trained, supported, and supervised. Although many volunteer opportunities involve volunteers to provide direct services, volunteers can fulfill additional roles by providing administrative support, helping with fundraising, promoting public awareness; or they can provide assistance with transportation, running errands, and other daily living tasks. The experience and skills that many volunteers possess by virtue of their work and/or educational experiences (nurses, emergency medical personnel, special education teachers, therapists, social workers or graduate students) also make them great resources for respite programs and can help determine their specific volunteer role. Some may also have “real life” experience caring for or witnessing care for a family member or friend that may influence what type of role they assume in a respite program. Other volunteers may prefer to have a volunteer assignment that is not directly related to their ongoing work or personal experience.
Special Volunteer Considerations for Event Respite

A respite program that provides regular, consistent respite services may be able to schedule the same respite volunteer in a direct service role to the same family each time respite is used. In contrast, Event Respite, a group respite opportunity that occurs monthly or even less often, may rely on a consistent pool of volunteer providers or may draw on different volunteers for each event depending on needs.

Research has demonstrated that respite provided on a more regular and frequent basis that caregivers can rely on results in the greatest benefits. However, given that 86% of family caregivers are not receiving respite, every avenue for respite programming should be examined, even if respite can be offered only periodically (Caregiving in the U.S., NAC and AARP 2020).

In addition, to foster growth in the number of volunteers, respite programs may need to be sensitive to the time constraints and other responsibilities that individuals and families face, which may limit the number of hours they can volunteer. Since volunteer rates change over time, a few considerations for respite event volunteer programs include accessing volunteers of different ages depending on the program model, and recruiting volunteers for both short term (episodic) and long term volunteering options that will meet program needs. For example, episodic volunteers can assist on the day of the event whereas long-term volunteers may be able to help with the event planning, and the training and supervision of the event volunteers.

This manual focuses on the use of the same respite volunteers on a consistent and regular basis, but special consideration should be given to recruiting, training, and supervising event respite volunteers, who may be available only for a one-time event. For examples of volunteer programs providing an Event Respite option, see program descriptions of Gio’s Garden in Middleton, Wisconsin; Masterpiece R&R Respite Care Program in Lincoln, Nebraska; and Easterseals DC-MD-VA Respite Services in Silver Spring, Maryland.

For more information about respite settings and types, including volunteer respite:


Skills-based volunteerism and external expertise can expand opportunities to provide respite options:

Capacity Commons. About Skills-Based Volunteerism Guidebook at capacitycommons.org/guidebook/learn/about-skills-based-volunteerism
Masterpiece R&R Respite Care Program

PROGRAM DESCRIPTION

Masterpiece R&R Respite Care Program is a faith-based volunteer respite program where parents drop off their child(ren) with special needs of any age, along with siblings through age 13 for an evening, while background-checked volunteers care for them. This allows their parents to enjoy a night out. Pre-registration is required. There is no charge for the service. Respite nights are offered four times per year.

Children engage in a variety of activities including games, dancing, sensory activities, movies and crafts. The entire evening is structured so that every child can find something they enjoy.

Children who are medically fragile or have behavior issues are welcome. Volunteer medical professionals are on site to care for any specific needs that might arise. The program also offers a buddy program for children, teens, and adults with special needs so that families can attend church on Sundays. See video of First Free Church Respite Events. youtu.be/lnHCCTNDnqg

VOLUNTEER AND FAMILY RECRUITMENT

Respite Night volunteers complete a registration form online at firstfreelincoln.org/respite-night. They provide contact information, select volunteer jobs they are interested in, indicate any physical limitations, and describe any special skills or training that would aid in their care of a child with special needs. Volunteers can be any age, but if they are 19 or older, they must submit a Background Check form as part of the volunteer registration process.

Volunteer training is done online and covers volunteer roles, schedule, and how to get support from medical team volunteers or coordinators if needed. Practical tips are shared such as how to interact with children, managing behavior, and easing transitions.

Parents complete a “plan of care” form for each child with special needs that will be attending Respite Night. The “plan of care” provides important information to make Respite Night successful for each child. Parents provide information on how they can be reached if needed, along with their child’s disability, basic care needs, and medical/health status.

VOLUNTEER AND STAFF RESPONSIBILITIES

Volunteers and staff work together to make Respite Night enjoyable for everyone! Each volunteer has a specific job for the evening. Volunteer jobs may involve working with children such as being a buddy and working one-on-one with a child or serving as the siblings group leader. Other volunteer jobs may involve doing set up, being at the volunteer check-in table, or assisting with serving the dinner meal. Medical team volunteers and coordinators are on hand to provide support and address specific situations as needed.

SAFETY CONSIDERATIONS

Volunteers are required to have background checks. Volunteer medical professionals are on-site to handle children with medical and medication needs.
Program Planning and Operations

Before a program can start recruiting and training volunteers to provide respite, a plan must be developed and put in place to determine when, where, and in what capacity volunteers will be best used and how funds will be obtained to start up and sustain the effort and evaluate and market the program.

Needs Assessment

When developing a volunteer program from scratch and identifying partners and funding sources, it is essential to establish the need or demand for the proposed respite program by conducting a market analysis or needs assessment. Community agencies conduct a variety of needs assessments and many track unmet needs or requests for services that they cannot provide. For a new volunteer respite program, you may want to survey existing organizations to solicit input about the agencies and people they serve so you can answer the following questions:

• Define the target audience: Whom do you intend to serve?
• What are the existing assets and services in the community?
• What are the existing and emerging needs in the community among the target group?
• What are the real and potential funding opportunities for the program or services?
• Are there threats and opportunities in the external and internal environment that can affect the program’s future? (Note how that information can be used to plan the program’s future)
• Have specific strategies been selected and developed to achieve your program goals?

Infrastructure and Staffing

The process of determining need and market demand, programmatic goals, and intended outcomes, scope, and potential funding sources, generates a need for staff, board or advisory committee members, and volunteers with various areas of expertise and skill sets. As appropriate for your respite program, determine roles for board members or advisory committee members, leadership, program, respite, support staff, and volunteers.
Then develop job descriptions drafted with proven business and staffing models in mind. The specific roles that volunteers will play and in what capacity they will serve must be delineated in advance, including volunteer supervisory roles and responsibilities. Orientation and training curricula can then be planned and mapped out, and volunteer respite program policies and procedures researched and written. In some situations, in which paid staff are also used within an organization as volunteers, it is vital to ensure that volunteer roles and responsibilities are separate from or not in conflict with those of paid staff. Specifics regarding volunteer recruitment, retention, and supervision are found in subsequent sections of this manual.

Performance Measurement

Planning for and designing how you will measure the program performance before the program gets underway will save a lot of backtracking later. There are a number of approaches to performance measurement that can help assess various aspects of a volunteer respite program.

• **Program measures** assess the accomplishments of a program and can function as a management tool that feeds information back to the organization for the purpose of continuous improvement and program responsiveness.

• **Process measures** assess the development and actual implementation of the program – whether strategies were implemented as planned and intended output was actually produced.

• **Outcome measures** assess the extent to which an intervention (in this case, respite services) affects participants or individuals served – the degree to which changes occur in their knowledge, skills, attitudes, or behaviors as a result of the services provided.

Incorporating a performance measurement plan into the program serves a number of goals:

1. Capturing data and providing a way to analyze program and process improvement;
2. Assessing effectiveness of program services; and
3. Measuring whether and to what extent desired outcomes are being met.
Building an intentional, systematic performance measurement strategy into the program during the initial planning phase provides a mechanism for identifying the outcomes that the program intends to achieve upfront and allows related staff, internal and external expertise, expenses, and other items to be considered in budget development and strategic planning.

It may be valuable for the program to assess whether the frequency and dose of respite services is consistent with the expectations and experiences of enrolled families. Once a qualitative and/or quantitative assessment is completed, the information must be reviewed and interpreted accurately. The data collected should be used to inform respite practices through data-driven decision-making. Creating an internal process for reviewing and analyzing the data you collect informs programmatic adjustment and improvement. Performance measurement is also vital in reporting valuable program and outcome information to funders and stakeholders.

**Feedback Loop and Procedures**

Soliciting feedback from the care recipients and their families, as well as respite volunteers and referral sources, is important to the integrity and quality of the services provided and can be an important component of measuring performance. This can be done by using satisfaction surveys, comment cards, focus groups, and grievance procedures. Also look for opportunities to gather informal data such as anecdotal information from volunteers, caregivers, and care recipients. One individual within the organization should be in charge of receiving and compiling all of this documentation as well as analyzing it and addressing voiced concerns.

Although performance measurement can seem overwhelming if unfamiliar, it is a systematic process with a great deal of guidance and expertise available. Consultants and universities are available to contract or partner with to help identify pertinent questions, measures and process as well as data collection mechanisms and analysis. If budget is an issue, consider working with graduate students or interns with a background in research and/or evaluation.

**Identifying Costs and Potential Revenue Streams**

Identifying costs is a critical step in program planning and budget development. Even volunteer-run programs incur expenses and require funding. Take time to determine infrastructure, fundraising, and service-related costs: direct and indirect costs such as insurance, workspace, utilities, website, equipment (e.g., computers, software, phones), as well as salaries and benefits, professional services, staff and volunteer development, evaluation, printing and marketing-related expenses, travel, other program development, and growth-related costs. Projections for earned and contributed income from the following sources must be determined and categorized to develop a budget: individual donations and payors, corporate, foundation, government, interest, billable services, sales, and others.
You still may need to charge for respite to cover at least some of the program costs, even if you are relying on volunteers. Client fees – whether billable, privately paid, sliding scale, donation based, or complimentary – are based on actual costs and market-related influences such as state or regional funding and payroll rates. It is important to be tapped into provider networks and funding trends in order to anticipate and determine the availability of funding and the funding mix for the program.

**Fundraising and Development**

There are many private and public funding opportunities available to community-based organizations. Private funds are given by philanthropic organizations, foundations, corporations and individual donors, among others. Dollars from private organizations are often contributed to other organizations whose missions are aligned with their own and that help meet the goals of their funding agenda.

Public funding sources include local, state, and federal agencies and, government entities. The state Lifespan Respite program, if there is one, may be able to help identify or leverage available funds. Before you develop messages and reach out to potential funders, be sure to have a good understanding of their funding priorities and target population. Work with established stakeholders and partner organizations to identify trends in local, state, and federal funding that might support the work of the program and pay for services or other aspects of the organizational infrastructure.

One-time or ongoing community or fundraising events, such as auctions, music events, walks or runs, and golf tournaments can be labor and resource intensive, but with the right support they not only help raise funds, but they also engage the community and help recruit additional volunteers.

**Identifying and Engaging Potential Donors**

Donations to a program or organization are largely determined by customer or client satisfaction since satisfied customers generally see the value of services and are willing to donate or pay to the extent of their ability. There are two kinds of potential donors:

1. Those who both use the service programs and donate money, and
2. Those who do not use the programs but donate their own money on behalf of others who need the services.

Often the approach to each type of donor is different. Potential donors could be clients, clients’ family members, friends, staff members, leadership volunteers and other volunteers, vendors, and others who work with the organization. All of these individuals are potential donors and can be helpful in introducing the organization to individuals who may be able to support the cause. The key component to identifying donors is to enlist staff members in the process. If the staff has interactions with the clients and their families, they are at the front line of engaging potential donors for the organization.
Building the Case
Develop a case statement or brochure that summarizes the needs addressed by the program and the strategies and services used to serve those needs. Include information about the program’s achievements and the program’s capacity to tackle its issues. Add a bit about the board or advisory committee and give an idea of the size of the program budget.

Stewardship
Properly and consistently thanking donors and communicating with them are often the most important aspects of relationship building within the development process. The time spent recognizing people for their contributions of time, talent, and resources is a great investment, and it seeds the opportunity for another or increased gift.

Determine what the baseline will be for the stewardship program. What will the donor receive with some regularity? Newsletters, holiday cards, birthday cards, and annual reports are all examples of stewardship materials that a donor will pay attention to and appreciate receiving. However, you may want to take it up a notch for larger donors by having the Executive Director call and/or visit these donors and explain the specific impact they are having on the organization’s ability to provide services to constituents through their gifts.

Making it Easy to Donate
Making online and offline donations should be easy and joyful. Everywhere in the organization, there should be donor envelopes and readily available ways to give. For example, a service provider may mention during a session that a specific piece of equipment is needed. Why not make it possible for the donor to donate before they leave the building by having donor response envelopes displayed on the wall? Make sure that employees are aware of where donors can make their donations – the reception desk, a donation box, online. Many organizations use an online donation system on their website that uses PayPal or another online service to manage credit card donations.

A nonprofit organization can also partner with online entities that help raise funds. Some examples are:

- **Amazon Smiles** at smile.amazon.com which provides an opportunity to donate to your favorite charity when shopping on amazon.com.
- **Double the Donation** at doublethedonation.com provides a matching gifts program for nonprofits that increases awareness for your supporters and provides services to support matching gifts (cost involved).
- **Facebook Fundraisers** socialgood.fb.com/charitable-giving or FundRazr.com at fundrazr.com that allow charitable organizations to raise funds for their cause.
- **Goodsearch** and **Goodshop** at goodsearch.org to raise funds by having supporters shop with Goodshop, where a percentage of purchases is donated to your chosen cause.
- **Network for Good** at networkforgood.com provides an all-in-one donor management and fundraising platform (cost involved).
Gio’s Garden

PROGRAM DESCRIPTION

Gio’s Garden’s mission is to nurture and strengthen families with children with special needs (birth through 6 years) by increasing their access to needed services. Gio’s Garden is a therapeutic respite care program for children who have significant developmental or physical delays. Respite services fill service gaps by reaching children awaiting diagnoses or on waiting lists for respite or other services.

Gio’s Garden’s staff of recreation, art and occupational therapists, and student interns provide more than 5,000 hours of service each year including Therapeutic Respite, pairing staff, interns, and volunteers with children to work on individualized child goals in an enriched environment. Respite 2 Go brings this enriched respite experience to underserved families across the county through partner agencies, and Date Night offers inclusive respite care to eligible children and their siblings allowing parents to spend time together without caregiving responsibilities. Fostering the health and wellbeing of families, Family Resources include parent information sessions and support groups, family outings, social media, a Community Resource Database, and Family Events. Gio’s Garden is licensed by the State of Wisconsin, Department of Children and Families.

VOLUNTEER AND FAMILY RECRUITMENT

Gio’s Garden has developed strong partnerships with area universities and high schools that have service learning programs. Volunteers are recruited by participating in university service Learning Fairs and by visiting classes. During these recruitment activities, volunteer information is provided through a sign-up sheet that has the specific times and days of the week when volunteers are needed. Volunteers commit to a weekly time slot. They are typically 16 years of age or older and are required to have a background check and participate in volunteer training and orientation.

Families find out about Gio’s Garden through their caseworkers who are working directly with them as they create their respite plan.

VOLUNTEER AND STAFF RESPONSIBILITIES

Volunteers and practicum/internship students enhance the required staff to child ratio and provide quality one-on-one interaction with the children. Respite care assistants, volunteers, and practicum/internship students help with activities, read to children, and assist with meals or snacks, cleaning, and other tasks. Additional volunteer responsibilities may include planning and implementing child activities, helping develop behavior management programs, assisting with annual fundraising tasks, or helping with computer data entry. Staff provide direction and feedback to the respite care assistants, volunteers and student interns.

SAFETY CONSIDERATIONS

Gio’s Garden has comprehensive emergency procedures and policies. Staff and volunteers are required to have background checks. Staff and volunteers know how to reach parents as needed. Procedures are in place for emergency evacuation, severe weather, tornadoes, lost child, and other emergency situations. Policies are also in place for prohibiting drug, alcohol, and tobacco use, conflict of interest, supervision, unauthorized child pick-up, and suspected child abuse and neglect.
Volunteer Recruitment

Recruiting dedicated and qualified volunteers is vital for community-based respite programs to meet the capacity-building requirements of a state Lifespan Respite program. This may be a challenge for both new and well-established respite programs, but once recruited, respite volunteers can become committed long-term volunteers. Most organizations have limited resources, so engaging volunteers is beneficial because it can provide more families with services or respite care options. Although orienting and training volunteers does have associated costs, ensuring that volunteers find their work satisfying and rewarding and that they remain in their roles is a worthwhile investment.

While many volunteers are seeking meaningful opportunities with long-term, clearly stated timeframes, an increase in episodic volunteering has emerged in recent years. Recruitment can be especially challenging, because many volunteers are looking for flexible, short-term commitments, and projects of limited duration. This may suit the needs of event respite type programs, but it raises challenges for programs that would benefit more from volunteers who are willing to make a long-term commitment. Programs may need to think more creatively about offering flexible schedules, having projects that offer both long- and short-term commitments, and providing opportunities for families or couples to volunteer together.

Developing a recruitment plan is a critical step for determining how volunteers will be discovered and put to best use. It is important to cast a wide net in the search for suitable volunteers and to use various screening tools (e.g., job descriptions, application forms, interviews, and criminal history background checks) to increase the likelihood of making good matches.

An important note about marketing and recruitment is that there is no such thing as a recruitment season. To be effective, a volunteer respite program must commit to a 24/7 365-day-per-year approach. Because recruitment can be a large investment of time and energy, it is important to be aware of how potential and/or trained volunteers actually come to you. Simple activities such as posting an ongoing ad in a free newspaper or on a website may yield the best results. Partnering with other organizations also increases visibility. If you serve only children, consider partnering with a group that serves adults. Volunteers rarely join an organization the first time they hear about it. Typically, a multifaceted approach that combines media, community presence, and word of mouth will engage those interested in becoming respite volunteers.

There are several ways an organization can reach out and recruit volunteers for a respite program. Each community has its own unique possibilities, and here are some suggestions.
10 Questions to Ask Before Recruiting New Volunteers

1. Why do we need volunteers?
   What would happen if we had none at all?

2. What role does our volunteer program play in our overall mission?
   Asking this question forces you and your staff to clarify your goals and explain the big picture.

3. Does our staff understand the pivotal role that volunteers play in our efforts?
   This question helps your paid staff appreciate the role that volunteers play in achieving your goals.

4. What are the benefits to the individual who volunteers in our organization?
   The answer to this question gives you an immediate recruiting and retention tool.

5. Are the placement opportunities for volunteers clearly defined? Do we have clear position descriptions? Are they flexible?
   You wouldn’t want to show up for a volunteer position and not know what to do.

6. Whom do we want as a volunteer? When do we want them? What recruitment method would be best?
   The answers to these three “W’s” give you a perfect recruitment strategy.

7. Who will do the recruiting? Are there skilled volunteers who can act as recruiters? Are we utilizing them?
   The answer to this question gives you the ability to put your plan into action.

8. Are we prepared to handle the response? Do we know who will interview, screen, place, train, supervise and evaluate our new volunteers? Do we include critical training about a volunteer’s safety?
   Your game plan must be in place to welcome, utilize and keep volunteer capital safe and viable.

9. Do we need more advice? Should we form an advisory board of experts to advise us about our recruitment program?
   Have you contacted the local community colleges and universities and the non-profit organizations in your community to see if there are experts on volunteer management who can volunteer to work with you?

10. What would we do if we had an unlimited supply of skilled volunteers? Would we be ready to take advantage of their special talents? Do we understand how to gather credentialing information about volunteers?

Adapted from Project TAHS Webinar: Volunteer Recruitment and Retention, June 2004. Phyllis Newman, Ph.D., University of North Texas, newmanp@scs.unt.edu and Serve Kentucky, formerly the Kentucky Commission on Community Volunteerism and Service at serve.ky.gov/Pages/index.aspx
Targeting Specific Groups

The 2018 Volunteering in America Report showed that in 2017 one in three adults (30.3%) volunteered. There are a variety of groups such as students, retired persons, baby boomers, individuals with disabilities, and civic groups that can be tapped when recruiting volunteers. When reaching out for potential volunteers, it is important to keep in mind that these people vary in the types of opportunities they may be seeking, and that their motivations are also likely to be different.

• Students. High schools, colleges, or universities often require students to do volunteer work and complete a set number of internship hours to be able to graduate. Developing relationships with educational institutions may provide a steady influx of volunteers. Other benefits of using students as volunteers are that they may have greater availability as opposed to other age groups who may have more commitments. Specifically, psychology, physical or occupational therapy, special education, gerontology, social work, and nursing or allied health departments at a community college or university may offer key contacts because their students may be interested in developmental, disability, or health issues for different age groups including older adults. Students can then be appropriately matched to provide respite for a population for which they have an interest. At the same time, students benefit from serving as respite volunteers because it helps them meet requirements, earn course credits, and acquire experience that will be valuable for their career interests. Students in fields not directly related to providing direct care, such as communications or engineering, might be interested in providing volunteer respite to engage in an activity far removed from their day-to-day requirements. Students will typically be looking for short-term volunteer opportunities, and their motivation will rely mainly on completing school-related projects or requirements or advancing their future careers. However, student groups such as clubs or sororities and fraternities that embrace the mission of your organization, the population served, or the desire to help the community can also provide a steady stream of volunteers.

• Retired persons and other seniors. The Corporation for National and Community Service notes that the number of adults age 65 and older who volunteer has risen from 9.1 million in 2009 to 11 million in 2015. The most recent volunteer rate of older adults 65+ is 23.5 percent for 2015. Today’s older adults are more educated and financially secure than they were in the past, and older Americans with college degrees are volunteering at a higher rate than in the past (Corporation for National and Community Service, 2018). Retirees typically have time available that they may want to allot for volunteering, especially since they may be looking for a meaningful way to contribute to society. They are valuable volunteers because of the expertise they possess from their years in the workforce. Older adults may be able to apply their work experience directly to certain volunteer roles or they can seek out other volunteer opportunities if they are interested in pursuing something unrelated to their previous area of work. Retirees and seniors may be an invaluable resource because with their unfettered schedules, they have more time for volunteering for extended periods.
- **Civic groups.** Rotary Club, Men’s Club, Women’s Club, PTA, United Way, Chambers of Commerce, Girl Scouts, and Boy Scouts are good places to seek out volunteers because the motivations of individuals involved in these groups revolve around serving their communities. Civic groups may comprise individuals interested in being engaged in volunteer opportunities for extended periods of time, since volunteering is central to their focus on community improvement.

- **Generations.** There are generational differences in volunteer rates in the U.S. with Generation X (born between 1961-1981) having the highest rate of volunteering at 36.4%; with 28.2% of Millennials (born between 1981-1996), 30.7% of Baby Boomers (born between 1946-1964), and 24.8% of the Silent Generation (born between 1928-1945) volunteering. Baby Boomers provided more hours of service (2.2 billion) than any other age group (Corporation for National and Community Service, 2018). Some organizations target various generations. For example, the Edward M. Kennedy Serve America Act expanded opportunities for boomers to participate in AmeriCorps (nationalservice.gov/programs/americorps) and provides a scholarship benefit that can be used by the volunteer or given to a child or grandchild. AARP also launched Create the Good (createthegood.aarp.org) to facilitate volunteering among this population.

- **Individuals with disabilities.** Consider reaching out to disability organizations to recruit people with disabilities to serve as volunteers. Some effort will be involved in eliminating the programmatic, communication, and technological barriers that often exclude this population, but the results can be very rewarding. “When organizations work to eliminate these barriers and commit to being inclusive in their approach to recruitment, they benefit from the strengths of a diverse volunteer base.” (North Carolina Respite Care Coalition, 2011).

The following are some additional examples of community-based organizations or state associations that might present opportunities for volunteer recruitment:

- **Faith communities** (e.g., churches, mosques, and synagogues), National Volunteer Caregiving Network (formerly known as Faith in Action programs), or other faith-based organizations are increasingly providing volunteers engaged in ministries to assist the disability and aging communities.

- **Local businesses** or human resources departments from local corporations often help organize their employees to volunteer in the community.

- **State or federal workers** often form volunteer groups that dedicate their time to service.

- **Professional associations** such as the National Association of Social Workers or education or nursing associations may have state chapters that are involved in volunteer projects.

- **Senior centers** may provide a pool of seniors or retirees willing to volunteer their time.

### Cultural Diversity Considerations

Cultural diversity should be considered when recruiting volunteers. Many organizations promote diversity within their establishments and are committed to providing equal opportunities to volunteers without regard to their race, religion, sex, age, sexual preference, or disability. However, greater efforts should be undertaken to recruit minority volunteers, including older lesbian, gay, bisexual, and transgender (LGBT) individuals, individuals with disabilities, and other members of minority groups who do not feel welcome currently in many volunteer situations.
It is beneficial to be aware of the community surrounding your organization to determine specific needs of the population served. For example, for respite programs that focus on providing services to Latino families, having Spanish-speaking volunteers would be necessary. Having a good understanding of the neighborhood in which your organization operates, coupled with an awareness of the cultural makeup of those you serve, may also help minimize barriers to care and services by those who may especially need them.

**Strategies for Recruiting Volunteers**

One important way to get members of the community to volunteer is to ask. About 41% of volunteers became involved after being asked to volunteer, most often by someone in the organization (U.S. Department of Labor, Bureau of Labor Statistics, 2016). Just as important to recruitment is getting the word out that there is a tremendous need for respite volunteers, promoting the program’s mission, and demonstrating that your program is viable. About 42% of volunteers became involved on their own initiative; that is, they approached the organization (U.S. Department of Labor, Bureau of Labor Statistics, 2016). Whenever possible, offer thoughtful incentives to volunteers such as recognition and a flexible program with a modest time commitment. Demonstrating the need for respite providers and asking for help can attract and engage volunteers in the program. Several marketing techniques are described below.

**Word of mouth** is a powerful way to make your program known. The volunteers serving your organization will be inclined to share their volunteer experiences with others. If volunteers are treated well and valued by your organization, they will likely relay that information to their family and friends. Current volunteers can also let other individuals they come into contact with know that your organization is looking for committed volunteers. Since most individuals have shared interests with their friends, it is likely that this will generate additional volunteers! This word-of-mouth strategy works best when current volunteers become invested in your program and naturally start to advocate for new volunteers. It costs nothing for the organization and is a great way to get others to learn about your volunteer opportunities.

**Social media** and social networking sites for news, entertainment, and information gathering are good avenues for volunteer recruitment. Social media can be defined as websites that not only give you information, but also interact with you while giving you that information. Social media was once thought of as the way to reach “young people.” But those older than age 65 are the fastest growing group of social media users. Social networking is a type of social media that allows you to interact by adding friends, commenting on profiles, joining groups, and having discussions. Social media growth has increased from 5% in 2005 to 50% in 2011, with 72% of the public using some type of social media in 2019 (Pew Research Center, 2019). The most popular social networking sites that people are using today include Facebook, Twitter, LinkedIn, YouTube, Instagram, Pinterest, Tumblr, Snapchat, and Reddit (Moreau, 2019).
The following are some additional examples that might be useful in recruiting volunteers, posting information about upcoming events or fundraisers, or simply raising awareness about respite:

- **Causes** ([causes.com](http://causes.com)) or **Care2** ([care2.com](http://care2.com)) are social action networking sites where you can find others who support your cause.

- **Lotsa Helping Hands** ([lotsahelpinghands.com](http://lotsahelpinghands.com)) is a free, private, web-based community for organizing family, friends, neighbors, and colleagues during times of need. Easily coordinate activities and manage volunteers with the group calendar and communicate and share information using announcements, messages boards, and photos.

- **BlogTalkRadio** ([blogtalkradio.com](http://blogtalkradio.com)) allows you to create your own radio show free of charge. Develop a regular Internet radio show to talk about your program and recruit and highlight volunteers.

**Advertisements** are great for letting potential volunteers know about opportunities they could become involved in. Several popular modes of advertising are briefly described below, although varying costs may be associated with some of them.

- **Podcasts** are digital audio files made available on the Internet for downloading to a computer or mobile device. ANCHOR and SoundCloud are two websites that host podcasts. Both services will allow you to upload an .MP4 or .MOV file audio file that you can record on an app such as ZOOM. The converted audio file will show up immediately as a podcast or a segment in your episode builder. The recording can be published right away, or it can be edited. Background music and sound effects can be added. A podcast is one possibility for recruiting volunteers or marketing your volunteer respite program.

- **Websites** are essential for your volunteer program. Internet use has rapidly increased from 52% in 2000 to 76% in 2010, to 90% of adults using the internet in 2019 (Pew Research Center, 2019). For an increasing number of people, the Internet is the first place they go to for information or assistance. If your organization has an online presence, a volunteer can easily learn about your organization and its mission and goals. For those with access to the Internet, a visit to your website can help familiarize potential respite volunteers with your work and with opportunities for volunteering. A website is also a great place to describe why volunteers are critical to the success of your organization. Volunteering opportunities as well as locations where volunteer work will take place can also be posted. Some websites have incorporated search portals that allow users to type specific criteria into designated fields, such as city or ZIP code as well as specific keywords. Clicking on the Search button then displays tailored results about volunteer opportunities.

- **Volunteer recruitment portals** are great to use in addition to your website, because having a strong online presence will help attract potential volunteers who may not have been aware of your organization. Volunteers who are not familiar with your organization might not find their way to your web site. Volunteer recruitment portals can help match volunteers with available opportunities based on region of interest and specific keywords. One example of a successful volunteer recruitment portal is VolunteerMatch ([volunteermatch.org](http://volunteermatch.org)), which posts opportunities on behalf of organizations and acts as an intermediary between organizations and potential volunteers. The Points of Light volunteer portal is at [pointsoflight.org/for-volunteers](http://pointsoflight.org/for-volunteers).
- **Print materials** such as newspaper ads, community newsletters, brochures, bulletin board flyers, and articles can be very informative, can be distributed in a variety of settings, and can also be personalized for specific communities. While print materials provide potential volunteers with necessary information, it is crucial not to overwhelm the reader with too much information at once. Print materials should be well organized, concise, written in easy-to-read language, and contain contact information such as a phone number, website, and email address.

- **Public service announcements (PSAs)** are a different way to reach volunteers. They work by developing a marketing campaign that aims to inform the general public about a topic of interest (e.g., caregiving) and publicizing the campaign through various media outlets. PSA’s can also be developed for specific points in time that coincide with nationally recognized months that honor certain individuals, events, or conditions (e.g., November is National Family Caregiver Month) and can be broadcast then. For more information on PSA development see [psaresearch.com](http://psaresearch.com).

- **Local media** can keep potential volunteers informed of volunteering opportunities in their immediate area or neighborhood. Local media typically devote a certain amount of their time to PSAs. For more information, contact your local media stations and familiarize yourself with local newspapers and reporters.

- **Cable access channels** are another way to keep individuals abreast of what is happening in their communities and provide them with information on how to get involved in volunteer respite opportunities. Some cable channels offer 30-minute interview style infomercials of nonprofits or programs seeking volunteers. Bringing an articulate, enthusiastic volunteer to the interview helps program staff share their mission and volunteer responsibilities and also allows viewers to hear from a “satisfied customer” who can share their passion and joy for providing volunteer respite. Cable access is tailored to include information specific to each community. Contact your local community access station to learn how to post announcements.

- **Promotional items** bearing the program’s name and phone number, such as pens, magnets, pads, and chip clips, are relatively inexpensive and can be given away to family caregivers or used as small tokens of appreciation to volunteers. A baseball cap, t-shirt or mug with “Thank you, Volunteer!” can express your appreciation and at the same time advertise the program. If people comment on these items, the volunteer then becomes a voice for sharing the value of the program with others.

Additional effective marketing techniques include disseminating literature about your organization and available volunteer opportunities, attending or partaking in speaking engagements, and attending volunteer fairs to advertise the presence, scope, and mission of your organization. Volunteer “speed matching,” an activity typically hosted by a community center or library, is patterned...
after speed dating. It allows potential volunteers to have a 5-minute conversation with representatives from as many as 20 nonprofits to gather information about each organization.

**Targeted recruitment messages** may involve specific incentives for recruiting each type of volunteer. For seniors, advertising the specific health benefits related to volunteerism (e.g., lower blood pressure or living longer) can serve as an effective recruitment strategy (Corporation for National and Community Service, 2018). For many groups of seniors, receiving a small tax-free stipend allows them to more readily volunteer and also increases their personal investment and commitment to the volunteer effort. The volunteer programs Foster Grandparents and Senior Companion Programs, administered by the Corporation for National and Community Service, allow stipends to be waived when counting eligibility for public housing, Supplemental Security Income (SSI), or other federal supports for seniors. Even if a volunteer effort is not funded by the Corporation, it can waive the requirement that a stipend given to a senior for volunteer purposes must be counted as income when determining eligibility for certain federal supports.

**Volunteer Engagement**

Once you have identified potential volunteers, ensure that the match between the volunteer and your program is a good one. Initially, it is important to make potential volunteers aware of the organization’s mission and the need that exists in the community. This should be clearly explained in any discussion that occurs before an application is completed and again during the interview.

**Job descriptions.** Providing respite volunteers with roles and responsibilities is a proactive way to establish expectations up front and avoid misunderstandings. This also informs volunteers of their active and important role in the success of your program. Sample job descriptions can be made available online through your organization’s website or in print form so that potential volunteers have more information regarding their expected commitment. Job descriptions for respite volunteers should include the following elements:

- Time requirements (e.g., hours per week, days or weekends, daytime or evening),
- Location (e.g., neighborhood in which volunteer opportunities are available),
- Qualifications or special skills,
- Responsibilities, and
- Expected conduct.

**Application process.** During the application process, potential respite volunteers will complete a form that provides personal information as well as their preferences for different types of volunteer opportunities, times, and locations.

Use an orientation checklist to track which steps in the application process the volunteer has completed and which ones still need to be completed. The checklist is beneficial because it ensures that all steps of the application process have been addressed before volunteers begin their duties. All necessary forms and documents are collected from the volunteer after the checklist and signed agreements or policies between your organization and the respite volunteer are complete. Another benefit of using this checklist is that it helps standardize procedures for all volunteers, thus ensuring a fair and consistent selection process.
Interviews. Applications submitted by prospective respite volunteers should consistently be reviewed by designated staff within your organization. The next step is to conduct interviews with applicants who meet the minimum requirements for becoming a respite volunteer so you can decide which applicants will be offered positions with your organization. Individuals who are not selected are notified. Those who are selected will participate in orientation and training to become familiar with program expectations in their new roles as respite volunteers. Additionally, those being brought on as volunteers should be notified that their acceptance into the program is subject to a criminal background records check, reference checks, and a driving record check should the volunteer’s duties involve transporting clients.

Criminal background and driving record check. To ensure the safety of your clients, criminal background checks should be performed for each respite volunteer before they begin interacting with any clients. If the volunteer is involved in any type of driving tasks for the client or their family, a driving record must be obtained. According to the Privacy Rights Clearinghouse (2019), the most common reasons for performing criminal background checks are:

- Public safety,
- Compliance with legal requirements,
- Limitation of liability,
- Conditions of doing business,
- Protection of vulnerable populations,
- Customer assurance,
- Avoidance of loss of business, and
- Fear of business loss, or public or medical backlash over an incident caused by an individual with a past record.

Reference checks. Ask volunteers to provide the names and contact information for at least three individuals who have known them for at least two years, are not a family member, and can speak directly to the individual’s work ethic, experience with the specific population served, and ability to perform the volunteer respite function. The request for a references form should be sent from the volunteer coordinator directly to the potential volunteer; the completed form should then be returned to the volunteer coordinator and kept on file. All references should be verified via a telephone call from the volunteer coordinator.
Caregiver Volunteers of Central Jersey/Alzheimer’s Respite Care Program

PROGRAM DESCRIPTION

Caregiver Volunteers of Central Jersey has provided weekly, in-home respite care for persons with Alzheimer’s disease and dementia since 2002. A careful process matches respite volunteers with caregivers, including matches with bilingual volunteers and a program matching military Veteran volunteers to Veterans with dementia, or Veteran caregivers. The matching process, along with ongoing support and training for volunteers, results in quality services, improved quality of life among caregivers, and strong relationships between volunteers and families lasting years. Some volunteers have been with the Alzheimer’s Respite Care Program (ARCP) since its inception.

Through all services, the ARCP program strives to keep older individuals in their homes and communities, and promote joy and connection to decrease social isolation and loneliness. ARCP is also a valuable community-wide resource for education and information about Alzheimer’s disease. Currently, Caregiver Volunteers is developing a total program replication guide to support the growth of high quality, in-home respite care services for elders with dementia or Alzheimer’s disease.

VOLUNTEER AND FAMILY RECRUITMENT

A variety of methods are used to recruit volunteers. As an interfaith nonprofit, a lot of the outreach is through the congregations in their interfaith coalition. Presentations are done throughout the year at 55+ communities and their various clubs (e.g. Men’s Clubs, Women’s Clubs, Singles Clubs, and others). During all volunteer orientation sessions, this volunteer opportunity is mentioned and then staff follow up with individuals who want to learn more.

By training and matching volunteers who provide relief in the form of socialization, education and emotional support, family caregivers get the break they need.

VOLUNTEER AND STAFF RESPONSIBILITIES

Volunteers provide companionship for the individual with dementia in the form of appropriate disease-stage activities. Some volunteers do puzzles, look at photo albums, and listen to favorite music together. Volunteers do not perform any “hands-on” help such as feeding, toileting, dressing or dispensing of medications. That level of care would be referred to a home health agency.

ARCP volunteers provide 2-3 hours each week with families to offer companionship for both the individual with AD and/or the family caregiver. By providing emotional support and respite, the full time caregiver experiences relief from what can be an overwhelming responsibility. The individual with AD looks forward to the visits with a new friend.

SAFETY CONSIDERATIONS

All volunteers undergo criminal background checks before being matched with a family. Monthly volunteer meetings are held to check in with them to see if any particular issues or concerns have arisen since placement. Because ARCP volunteers stay with families long-term (sometimes years), it is important to stay in close contact with them as the disease progresses to ensure it is still a safe place for the volunteer to be and they are not overstepping their boundaries.
Volunteer Orientation and Training

During the development phase of your volunteer program, make sure to draft a plan that will address when training will take place and what type of and how much training your volunteers will need, depending on the various roles they will assume and how much of a time commitment they are making. Volunteer programs should offer an orientation or pre-service training for all volunteers, more in-depth training related to specific roles the volunteers may assume, and regular in-service training for volunteers who have made or are considering making long-term volunteer commitments. For Event Respite, the training approach you use will have to be condensed but effective for a broad array of volunteers. The key is knowing in advance the levels of and types of training you plan to offer and the specific needs of your volunteers. It is also a good idea to research and select proven training curricula appropriate to the levels and types of training you plan to offer. If your program plans to develop its own training materials or revise other curricula, you need to allow sufficient time to field test the training protocol in advance by using current staff for feedback and suggestions for revision.

Orientation

Once the application process, interview, and reference and background checks are completed, all volunteer applicants who qualify should be notified about their new status with the organization and provided with a date and time when they can attend an orientation. Even if they were engaging in a one-time respite event, some mechanism for sharing the information below would be beneficial, especially if you would like them to return to assist with additional events. For this type of Event Respite, an orientation could be condensed into one hour preceding the event. Alternatively, the information could be made available in print form or online, shared with volunteers when they arrive, or sent to them by email or mail before the event. By signing off on the orientation materials, they would indicate that they have read and understood the expectations.

The way in which the information is shared during an initial orientation and subsequent training illustrates as much about your organization as the type of information does. “Do volunteers feel welcomed and valued the moment they come through the door? If possible, is the session planned so that more than one method of training is used to meet the needs of various learning styles?”
Is the session reasonable in length, with time allowed for questions and breaks?” (North Carolina Respite Care Coalition, 2011).

Content for an orientation might include the following topics:

- History of your organization
- Introduction to following broad topics:
  - Family caregiving
  - Disability
  - Chronic illness
  - Aging issues
  - Diversity
  - Recognizing and reporting neglect and abuse
- Volunteer roles and responsibilities

Consider creating a volunteer handbook that can serve as an important part of orientation and as a convenient reference tool. The volunteer handbook can include customized information about your program such as policies and procedures; general information, such as office locations and contact information; a welcome message from the program director; definition of terms or acronyms, sample forms, timesheets (importance of reporting hours); volunteer job description; volunteer rights and responsibilities; and information for volunteers with disabilities, including inclusion, accessibility, and accommodations.

**History of Organization**

During the orientation process, respite volunteers should be provided with background information about your organization and its history. The mission, values, goals, and structure of your organization are important elements to communicate to volunteers because they may be curious about these aspects or even want to share more with others about how great your organization is and their involvement with you. Possible topics for discussions include:

- When the program was founded,
- How it has expanded throughout the years and its current status,
- The nature of the programs and services,
- Organizational structure (number of employees and volunteers), and
- Number and kinds of individuals served through the respite program

Share information about your organization, including how respite volunteers fit into the structure and mission of your programs. Emphasizing how invaluable their services are to your operations will help volunteers feel welcomed and more closely connected to the work of the organization. It is important to emphasize the importance of volunteers in helping your organization achieve its goals, thank respite volunteers for their commitment, and guarantee your support in helping volunteers succeed in their new roles.
Introduction to Topics in Volunteering

While more in-depth training will often follow, depending on the respite role of the volunteer, some examples of topics that might be introduced during orientation include:

1. The demographics, benefits, consequences, and types of family caregiving;
2. An introduction to disabilities and chronic conditions, including demographics, the use of person-centered language, disability etiquette, and overarching medical concerns that may affect people with different disabilities such as seizure disorders;
3. An overview of aging issues, such as normal emotional, physical, and cognitive changes, as well as dementia and related conditions;
4. Diversity and cultural sensitivity; and
5. Responsibilities regarding recognizing and reporting abuse and neglect.

Volunteer Roles and Responsibilities

The respite volunteer will need clear guidelines that specifically describe what their role will encompass. Having clear expectations will ensure that volunteers understand what is required of them to successfully perform their duties and to have a positive volunteer experience. Guidelines also help protect vulnerable individuals, ensure their safety, and minimize the likelihood of any potential problems. It is expected that respite volunteers will:

• Keep all client information confidential;
• Treat their clients and their families with respect;
• Show up on time for all previously arranged commitments;
• Respect client and family decisions and instructions;
• Perform their respite duties to the best of their abilities;
• Follow all policies and procedures as established by the program;
• Complete all necessary documentation and reporting;
• Contact immediate supervisor with any issues, questions, or concerns; and
• Be aware of their rights as volunteers, including the ability to turn down requests made by the organization or care recipients and family caregivers if it is not part of their initial agreement.

To ensure that volunteers are clear about their roles and responsibilities and are on track throughout their volunteer experience, many programs find it helpful to use a service agreement. A volunteer service agreement is also an excellent risk management tool and provides the basis for holding volunteers accountable. Volunteers want to succeed, and by being clear about your requirements and rules, you are empowering them to succeed. Implementing volunteer service agreements can also be a critical step in ensuring that volunteers are committed to their future functions before your organization invests time, money, and energy into their training and supervision.

TimeBanks USA (timebanks.org) promotes timebanking, which is an economic paradigm centered on meeting needs through community engagement and collaboration based on shared strengths. It functions much like a volunteer program in that an individual’s time and skills are freely given, but it is a time-based currency. Give one hour of service to another, and receive one time credit. Time credits can be used to receive services or they can be donated to others. Timebanking is in use in countries around the globe. Many communities use timebanking to provide respite and caregiver support. In 2014, the Hawaii Lifespan Respite program developed a Timebanking Feasibility Study for respite at lifespanrespite.wildapricot.org/resources/Documents/State%20Tools/Hawaii/LRP_2014.pdf

Learn more about timebanking for respite in the ARCH Webinar: TimeBanking for Respite: An Innovative and Socially Just Approach to Supporting Family Caregivers at archrespite.org/53-uncategorised/329-webinartimebanking-for-respite
Respite volunteers can be trained on the volunteer service agreement in a group setting so they can ask questions and to ensure that the agreement is understood. Once respite volunteers have been introduced to the volunteer service agreement and have had ample opportunity to read through it on their own, they will need to sign it, thereby indicating that they understand and agree to the outlined terms. Copies should be provided for volunteers to take with them, and the original signed papers should be placed in their file. The signed paperwork serves as an agreement to the volunteer job assignment and lets the volunteer know what is expected from him or her in order to be successful.

Training

Some of the topics that you might include in pre-training for committed volunteers were mentioned in the Orientation section. This section is in no way inclusive in its references to available or appropriate training curricula nor does it contain an exhaustive list of training topics you may want to cover depending on your program, the needs of the care recipient and family caregiver, and the learning styles of your volunteers. Instead, we have included summaries of generally recommended training topics for your respite volunteers. Depending on the roles and responsibilities the volunteers will be assuming and depending on who they are providing care for, you may want to include some or all of the following topics or add your own:

- Family Caregiving “101”
- Disability and Chronic Care Issues
- Community Inclusion and Person- and Family-Centered Care and Planning
- Aging Related Health Issues and Changes
- The Volunteer’s Routine Caregiving Responsibilities
- Diversity and Cultural Competency
- Basic First Aid and Medical Training
- Respite during a Pandemic
- Communication
- Maintaining Confidentiality
- Ethical Issues, including Reporting Abuse and Neglect
- Documentation and Reporting Expectations
- Policy and Procedure Review

Once a respite volunteer is matched, more individualized in-depth training may be necessary to meet the specific needs of the care recipient and family caregiver.
Family Caregiving “101”

As described in the Introduction, a family caregiver is any person providing care on an ongoing basis for no or minimal compensation for an individual who may need assistance. Often, caregivers are family members who have many other roles and responsibilities in addition to their caregiving tasks (e.g., working full time outside the home or raising children). A significant percentage of caregivers happen to be women caring for their aging parents. However, a family caregiver may be a friend, neighbor, or foster parent who provides ongoing care and support. Caregiving for people of varying ages and conditions can take many forms and may include any of the following elements:

• Cooking, cleaning, doing laundry or going grocery shopping,
• Driving to medical appointments, the pharmacy, or the store,
• Handling someone’s finances and insurance needs,
• Helping with medical tasks such as medications and scheduling appointments, and
• Helping with one or more activities of daily living, including feeding, helping get into and out of bed, dressing, and bathing.

Because being a caregiver is so time-consuming, family caregivers often spend less time taking care of themselves than they normally would and ultimately end up neglecting their own health. Caregivers may suffer from stress, anxiety, sleep deprivation and depression as well as a number of chronic conditions at higher rates than noncaregivers (Spillman, B.C., et al., 2014; Schulz, R. & Eden, J., 2016; McBean, A.L. & Schlosnagle, L. 2013). Given the above reasons, it is easy to understand why respite is crucial and why respite volunteers are invaluable resources who greatly benefit not only care recipients, but their caregivers as well.

Disability and Chronic Care Issues

The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more of the major life activities of an individual.” There are different types of disabilities that can be categorized as sensory (e.g., visual, hearing), cognitive, developmental, or physical. Some conditions in both children and adults are related to mental health disorders. Disabilities exist from birth in some cases, as a result of injury, or from a disease. When an organization is serving individuals with a disability or chronic health condition, or if a volunteer has been matched with someone with a disability, then the specifics of that condition can be provided in additional follow-up training opportunities for the volunteer. The Volunteer Respite Manual appendices at archrespite.org/volunteer-respite-manual-appendices#Training have links to information on a limited number of common disabilities and chronic care issues. For children with chronic health conditions, see kidshealth.org or healthychildren.org.
Community Integration and Person- and Family-Centered Planning and Services

Volunteers should be made aware of the broader context of the long-term services and support systems in which they are participating. Because of the costly nature of long-term care (e.g., community congregate care settings) as well as national policy that permits individuals with disabilities the right to live and work in the least restrictive environment, there is currently an increased effort to support individuals with disabilities or chronic illnesses to live and work in their communities for as long as possible by providing them with necessary supports. Because of these policy changes, coupled with the growing population of older adults, there will be an increased need for respite volunteers to assist family caregivers who provide the majority of long-term services and supports in the United States.

At the same time, an increased focus on person- and family-centered planning and care has helped change society’s view of individuals with disabilities and the aging population and their families. Person- and family-centered care (PFCC) is an orientation to the delivery of health and human services that addresses an individual’s needs, goals, preferences, cultural traditions, family situation, and values (Feinberg, L., 2012). The key focus is on how services are delivered and how the individual and family’s quality of life can be enhanced and respected. Person and family-centered planning is an ongoing problem-solving process that can be used to help people with disabilities and older individuals and their family caregivers plan for their future. According to the Pacer Center, the Minnesota Parent Training and Information Center (pacer.org), funded by the U.S. Department of Education’s Office of Special Education Programs, the purposes of person-centered planning are to:

- Look at an individual in a different way;
- Assist the focus person in gaining control over his or her own life;
- Increase opportunities for participation in the community;
- Recognize individual desires, interests, and dreams; and
- Develop a plan, through team efforts, to turn dreams into reality.

Respite volunteers should be sensitized to person-centered planning and practice and engage in activities and discourse with the care recipient that respect and help promote the concept.

The Aging Process and Related Health Changes

Age-related changes are inevitable and are bound to occur as individuals get older. Not everyone experiences these changes in exactly the same way, but it is important to note that older adults may not be able to function as they once did and may require additional assistance with everyday tasks. Changes may include impaired hearing (e.g., inability or lowered ability to detect certain pitches or frequencies), changes in vision (e.g., longer time to adapt to change from light to dark environment, decreased acuity, and lowered ability to read small text), slowed reaction time to environmental cues (e.g., taking longer to apply the brakes in case the car needs to stop suddenly), and decreased mobility or ambulatory ability.

Respite volunteers should be aware of these changes so they can have more effective interactions with their family caregivers and care recipients. For example, older adults may be self-conscious about these changes and may not want to rely on others for assistance. Respite volunteers can be guided to assist older individuals without compromising their dignity and by not taking away their independence in doing the things they are still able to...
do for themselves. Similarly, volunteers can be educated about strategies they can use to help address sensory changes – speaking more slowly and more clearly, using a louder tone of voice, and standing closer to someone who may have hearing issues.

Older adults typically improve their hearing and vision by using hearing aids, using glasses (bifocals or trifocals) or magnifying devices for reading small type, by ordering large-type reading materials, and by driving only during the day. It is critical to note that the older adult population is the most diverse of all populations and also that not all older adults are affected in the same way by these natural age-related health changes, nor to the same degree. Respite volunteers should be aware that these processes occur but should not make any assumptions about any care recipient’s functional ability level. It is best to ask family members or the care recipients themselves what they are having trouble with or if they have noticed any changes in themselves, which may be affecting their health or well-being.

The Volunteer’s Routine Caregiving Responsibilities

A respite volunteer’s caregiving responsibilities will depend on the respite program setting and who the care recipient is and on the care recipient’s strengths and abilities. Some care recipients may need assistance with getting dressed, eating, getting up, or moving from place to place, while others will be able to perform some or most of these tasks on their own. Caregiving responsibilities are also dictated by the care recipient and their family caregiver’s needs and preferences. Some family caregivers may feel comfortable having volunteers administer medication, for example, while others may not. In addition to care recipient and family preferences, your respite program may have certain policies that will need to be followed in regard to allowing or prohibiting certain caregiving tasks. These policies should be clearly delineated in your volunteer training curriculum. The following list includes a number of responsibilities respite volunteers may be expected to perform during their visits with care recipients and should be discussed during training:

- Keeping a care recipient company and engaging in conversation;
- Providing general supervision;
- Engaging the care recipient in activities of their choosing (e.g., watching a movie, listening to music, looking through photographs, reading, attending worship, gardening, playing games, emailing friends or family, and maintaining social activities and connectedness);
- Providing help with food, help with meal preparation, or help with eating;
- Helping the care recipient use the bathroom;
- Assisting the care recipient with dressing or changing clothes; and
- Assisting the care recipient in getting up and moving around.

As previously mentioned, the best way for a respite volunteer to be sure they are performing all the tasks and duties that are expected of them is to communicate clearly and openly with family members about their needs and preferences and with respite program supervisor to determine which respite activities are permissible.

Diversity and Cultural Competency

Diversity refers to the individual differences found among family caregivers and care recipients a respite volunteer might come into contact with or serve. It is critical for a
volunteer to understand that diversity can refer to a number of factors including, but not limited to, the family caregiver’s or care recipient’s:

- Age;
- Gender;
- Race/ethnicity, religion or culture;
- Disability, medical condition, or diagnosis;
- Social support and relationships;
- Sexual orientation; and
- Family composition (e.g., single heads of households, grandparent or other relative as head of household, or LGBT families).

There are differences between older and younger adults as well as variations within an identified population. In addition, individuals diagnosed with the same condition may experience it in completely different ways. It is important to be mindful of the diversity that exists among care recipients and treat each care recipient as an individual. A respite provider’s lack of knowledge and understanding about the culture of those they serve, including traditions, history, values, and family systems, can hamper the optimal delivery of services (Pharr, J.R., et al., 2014).

Factors such as socioeconomic status, familial interdependence, level of acculturation, immigration status, and fear of stigma in response to a disease or physical disability may influence minority group members’ experiences of caregiving. Those factors might also make those caregivers less likely to receive social and professional support services, potentially causing them to suffer levels of distress that are much greater than those documented in samples of nonminority caregivers (American Psychological Association, 2014). For example, because of previous experience with hostility or harassment, many LGBT older adults are reluctant to access mainstream aging services, which increases their social isolation and negatively affects their physical and mental health (Stewart & Kent, 2017). Moreover, cultural experiences define how care recipients and caregivers receive information and how they make choices. By learning the core cultural values of the major ethnic and other minority groups represented in the community, volunteers can provide better care.

Cultural competency is an important concept because it asserts that in order for respite volunteers to perform their work in the most effective way possible, they must understand care recipient’s and the family caregiver’s needs and values. As important, volunteers should be recognized for their own cultural values, and equal time should be allowed for getting to know them in order to support quality service and a good match between the volunteer, the care recipient and the family caregiver.

There are training materials available for enhancing cultural competence among volunteers. Interactive materials that allow an individual to relate to someone who is not in the “dominant culture” seem to be most effective. Presenting an opportunity to assess their own cultural biases may help volunteers identify areas where they need to improve.

**First Aid and Basic Medical Training**

Respite volunteers should receive general first aid and medical training for their own benefit as well as that of the care recipients. Although volunteers may not provide first aid or medical care depending on the family’s wishes in combination with your program’s policies,
volunteers may find themselves in a rare emergency situation where some training would be greatly beneficial.

Your program should decide if it will provide any type of training such as cardiopulmonary resuscitation (CPR) or infection control so that volunteers are prepared if they have to face life-threatening emergencies. CPR is performed when an individual stops breathing or when their heart stops beating by delivering either chest compressions or coupling those compressions with rescue breaths. Infection control, or strategies for decreasing the likelihood of spreading infectious disease, may be another worthwhile training topic. Volunteers should be educated about the invaluable benefits of washing hands regularly, especially if they come into contact with care recipients whose health is compromised. Similarly, exposure to blood or other potentially infectious materials can pose a hazard for volunteers. Training should be provided so that volunteers can perform their duties in a safe way while minimizing their risk of exposure. In addition, check state laws and requirements regarding medication administration and any other restriction related to provision of direct medical or emergency care.

Respite during a Pandemic

The recent COVID-19 pandemic has raised heightened awareness about the need for more intensive attention to preventing the spread of serious viral infections. Serious consideration should be given to whether or not volunteers are to be used in programs that are assisting family caregivers, with strict adherence to local, state and federal public health guidance. Any staff, including volunteers, should undergo rigorous training on how to avoid spreading or contracting the virus. Training should include recommendations from the Centers for Disease Control and Prevention (CDC) and state health departments on frequent and correct handwashing techniques, the need and requirements for social distancing, using personal protective equipment correctly, and more. See voluntary guidance from ARCH on opening respite programs during the COVID-19 pandemic at archrespite.org/national-respite-guidelines-for-covid-19.

Communication and Interaction

Care recipients’ interests and goals. Whether providing care for children, adults or older adults, respite volunteers should be respectful and involve care recipients in decisions regarding their care. Instead of assuming they will need help with certain tasks, it is better to be open and ask them to let you know when or in what ways they may require your assistance, so they retain their personal space and dignity. If a care recipient needs help with personal care, remember that each person’s needs will be unique. Depending on others for help with activities of daily living can be very difficult for many, especially for a care recipient whom the volunteer has just met and who still regards the volunteer as a stranger.

In order to build a good relationship, volunteers should be respectful and never make quick assumptions. Volunteers can inquire about a care recipient’s favorite activities or how they would like to spend their time together. Instead of assuming someone wants to watch TV, asking the care recipient about their activity of choice demonstrates respect for the care recipient’s independence. Following a schedule that the care recipient is comfortable with allows them to feel in control of their day and routine and will foster a positive relationship with the volunteer.

Training should also address the way in which volunteers interact with individuals with disabilities or with the aging population. Such individuals are entitled to the same courtesies you would extend to anyone, including personal privacy and respect. This concept was
expounded on by Wolf Wolfensberger who coined the term social role valorization (SRV) and follows the principles of normalization. The major goal of SRV is to create or support socially valued roles for people in society, because if a person holds a valued social role, that person is highly likely to receive from society those good things in life that are available (Osburn, 2006; Wolfensberger, 1998). There are excellent training curricula for a more in-depth understanding of these concepts.

Establishing boundaries. A respite volunteer must clearly express to care recipients, family caregivers, and their family members what their availability is at the onset of their partnership. Volunteers must communicate, in advance, what their weekly hourly commitment will be, in case something comes up and the family requests additional services beyond the capacity of the volunteer. Establishing boundaries is important for avoiding volunteer burnout. Volunteers should feel as though it is okay to say no to extra commitments beyond what they have previously agreed to while also respecting the rights of the family caregivers and care recipients to express their needs and desires. The volunteer’s supervisor can play a vital role in helping maintain boundaries between the family caregiver, care recipient, and the volunteer if the situation becomes challenging.

Person-centered or person first language. Using person-center language eliminates the use of older negative terms, such as birth defect and handicapped. Most importantly, person first language always puts the person first, and if it is necessary to speak of a person’s disability, that is always secondary. An individual is always a person first, that is, a person with a disability.

Expectations of volunteer in the caregiving role. It is imperative to have clear communication about what is expected of respite volunteers in their caregiving roles. The personal needs and preferences of the family caregivers and care recipients should be made known to volunteers at the outset. Clearly defined expectations help volunteers stay on track and ensure that they are performing the duties specifically asked of them. Prior to respite being provided, the volunteer and family should have an opportunity to discuss the family and care recipient’s needs and preferences, including the family’s expectations of what duties or tasks a volunteer will be performing in their absence.

Volunteers, of course, must listen and honor care recipient and family needs and requests, as long as they are consistent with general guidelines established by the respite program. Volunteers should be made aware of any changes in relationships or family roles. If these new relationships concern volunteers in some way, how the change is affecting the care recipient or family caregiver (or volunteer) should immediately be discussed with the respite program supervisor.

Maintaining Confidentiality

While optimal communication between volunteers and families is encouraged, respite volunteers should be made aware that they are not to share any information about the individuals they work with or their families. The respite program will most likely provide

A variety of guidebooks to ensure that respite volunteers ask the right questions and family caregivers impart all the necessary information for clients of different ages or conditions can be found in ARCH’s The ABC’s of Respite: A Consumer’s Guide for Family Caregivers at archrespite.org/consumer-information

**READ MORE**

These resources are available to help you provide or offer training on health and safety issues during a pandemic:

**ARCH’s Providing and Receiving Respite Care Safely During the COVID-19 Pandemic: Voluntary National Guidelines for Respite Care Agencies, Providers, Family Caregivers, and Respite Care Recipients** at archrespite.org/national-respite-guidelines-for-covid-19

**Next Step Careers** collaborated with Leading Age and the National Domestic Workers Alliance to develop COVID-19 Ready Caregiver Certification Training at covidcert.nextstep.careers. This 3-hour online training provides a certificate upon completion. Training topics cover Coronavirus basics and step-by-step instructions on protecting yourself and others from COVID-19.

**Centers for Disease Control and Prevention (CDC).** Coronavirus (COVID-19) at cdc.gov/coronavirus/2019-ncov/index.html


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**Centers for Disease Control and Prevention (CDC).** Coronavirus (COVID-19) at cdc.gov/coronavirus/2019-ncov/index.html

volunteers with sensitive information about the care recipient, usually including their medical history, routines, and personal preferences. Respite volunteers will also learn about individuals as they spend time with them and it is very important that trust and confidentiality are developed and maintained between volunteers, care recipients and family caregivers.

At the same time, volunteers should be encouraged to share their positive experience with others by addressing their role and volunteer satisfaction with the organization and not by naming the care recipient or providing identifying information such as address or status. Training can cover this issue, and certain safeguards can be put in place at this time, such as a confidentiality agreement, which will describe what is expected of the volunteer.

The Health Insurance Portability and Accountability Act (HIPAA), was signed into law in 1996. A main component of HIPAA aims to ensure that medical information of individuals who are receiving medical care remains private. Volunteers should be informed of HIPAA during training and they can be required to sign a HIPAA agreement. Volunteers should review this material and sign the form to demonstrate that they have read and understood HIPAA requirements.

**Ethical Issues**

When respite volunteers are performing their duties, there is the rare possibility that they will be faced with ethical issues. For example, they may learn that the care recipient has been neglected by family members. This poses the question of what the volunteer’s ethical obligation is toward the care recipient, family, and the volunteer program. It is important to emphasize that respite volunteers should maintain an open line of communication with their direct supervisor and immediately discuss any concerns. The program should develop documentation tools to be completed by the volunteer and future steps to be undertaken by the respite program, such as reporting this or other matters to proper authorities.

**Recognizing and reporting neglect and abuse.** Your organization will be responsible for educating volunteers to recognize abuse and neglect and understand their obligation to report it. There are many types of abuse including physical abuse, neglect, sexual abuse, exploitation, and abandonment. Children and adults with disabilities as well as older adults are often at higher risk for abuse or neglect, so issues regarding identification and reporting of abuse should be introduced here. Without adequate family supports, children with disabilities are three times more likely to be victims of neglect, physical abuse, sexual, or emotional abuse than children without disabilities (Child Welfare Information Gateway, 2018). About 30% of children in foster care have severe emotional, behavioral, developmental or physical health problems, requiring foster families to look to respite for support and a necessary break from caregiving (American Academy of Child and Adolescent Psychiatry, 2018).

Adults with disabilities experience abuse and neglect at much higher rates than the general population, often at the hands of care providers including family members and service providers. This can have a detrimental impact on their daily life including their health, safety, and social and emotional functioning (National Center on Elder Abuse, 2012).

Studies have shown that approximately 8-10% of older adults have experienced physical, psychological, sexual, or verbal abuse, including financial exploitation and neglect (Lachs, et al., 2015). When elder abuse involves family members, verbal mistreatment and financial exploitation were the most frequently reported (Laumann, et al., 2008). Although elder abuse is underreported, increased awareness has resulted in an increase in reporting. In almost

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**For more information regarding HIPAA, the Health Insurance Portability and Accountability Act, [hhs.gov/hipaa/index.html](http://hhs.gov/hipaa/index.html) and for consumers, [hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html)**

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**For more information about recognizing and reporting child abuse and neglect, see the Child Welfare Information Gateway, [Identification of Child Abuse & Neglect at childwelfare.gov/topics/can/identifying](http://childwelfare.gov/topics/can/identifying).**

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**Find out about abuse and neglect among the aging population at the National Center on Elder Abuse (NCEA) at [ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx](http://ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx), and for adults with disabilities at [ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx#disabilities](http://ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx#disabilities).**

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**U.S. Department of Justice. About Elder Abuse at justice.gov/elderjustice/about-elder-abuse and Elder Justice Initiative (EJI) at justice.gov/elderjustice.**
60% of elder abuse and neglect incidents, the perpetrator is a family member or caregiver (National Council on Aging, 2019).

Respite programs serving young children, children and adults with disabilities, and older adults need to recognize that these are particularly vulnerable populations. It is important to understand and clearly communicate your state’s child and adult abuse and neglect reporting procedures to volunteers. Identifying and reporting suspected abuse or neglect should be addressed by local, county, or state authorities who can give specific reporting protocols for that volunteer’s particular area. This step would include identifying mandated reporting procedures, anonymous reporting, and permissive reporting (in states where that is an option). In addition, it is vital to share and review any internal agency Confidential Incident Reports that need to be completed as a result of any reporting.

**Documentation and Reporting Expectations**

To ensure the safety of volunteers and care recipients, respite volunteers need to be clear about what is expected of them in terms of reporting and documenting a variety of issues that may arise. Volunteers have certain rights, as well as obligations, to protect their own and their care recipient’s well-being. Therefore, volunteers need to be familiar with their duties, as well as the program’s guidelines for reporting various incidents, including suspected abuse and neglect, incident or accident reporting, and emergency procedures. Aside from the process a volunteer must follow when documenting events, volunteers must also be trained on logistical issues, including where to get the necessary forms, when and how to fill them out appropriately, and who the completed forms should be delivered to.

**Policy and Procedure Review for Volunteers**

When the training and orientation of respite volunteers is completed, conduct a final review of policies and procedures before the volunteers meet care recipients, family caregivers and their families (see Policies and Procedures section). At this point, it is important that volunteers are knowledgeable about and comfortable with their new role and that they feel confident to meet the respite program’s expectations. Remind your volunteers that a supervisor is always available to provide support and that they are not alone if they have any concerns. When initial training and orientation is completed:

- Answer any further clarifying questions volunteers may have.
- Provide volunteers with all necessary documents (e.g., Policies and Procedures, Training Reading Materials, Volunteer Handbook).
- Collect all necessary signed documentation (e.g., Service Agreement, HIPAA and confidentiality agreement(s), Background Check Form)
- Provide volunteers with detailed contact information for their immediate supervisor and encourage open communication throughout the duration of their respite volunteer role.
- Provide volunteers with contact information for the care recipients and family caregivers as well as what their schedule will be; if matches are yet to be made, explain the process to the volunteers and tell them when they should hear back from you with an assignment.
Volunteer Management

Once respite volunteers are selected for your program, the next step is to match them carefully with care recipients and family caregivers, provide guidance and support to maintain the relationships that develop, provide expert and ongoing supervision in all areas of volunteer management, and be respectful of the scheduling needs of the volunteers.

Volunteer Assignment: Matching Volunteers with Family Caregivers and Care Recipients in Your Program

Matching volunteers with care recipients and family caregivers is based on factors such as their interests and skill sets, their schedule and availability, and whether they can effectively meet the needs of the family looking for support. Some respite volunteers have a certain preference for the population they want to be engaged with (e.g., children, older adults, individuals with disabilities). Taking these preferences seriously and tailoring experiences to volunteers’ preferences will make them feel as though they are an important part of your organization and may help keep volunteers satisfied in their roles for longer periods.

In addition to honoring preferences, keep in mind that volunteers usually have some type of working experience. Drawing on their previous experience can be very helpful with volunteer assignments. For example, people who have experience in teaching, nursing, social work, physical or occupational therapy, or health care have special training and are likely used to interacting with those who have more serious disabilities or health conditions and really enjoy supporting them. Students in these disciplines are also great resources. The benefit of using volunteers with this type of prior experience is that they already understand the many factors associated with providing care. However, making use of the valuable experiences of other individuals from different vocational backgrounds, coupled with the proper training and orientation, will prepare them to excel in their respite volunteer roles.

One critical component of creating matches is being aware of volunteer, care recipient, and family caregiver schedules and coordinating them effectively. For example, if a volunteer has time available in the mornings, but a family caregiver needs them in the evenings, this type of arrangement most likely will not work. Similarly, the days of the week during which respite could be provided by volunteers should be compatible with the family’s needs. In addition, the amount of time volunteers can devote to their respite role should be considered when creating matches with families.
A volunteer’s time limitations should match up with the family’s need for support. For example, if a volunteer can dedicate 4 hours each week for providing respite, but a family needs someone to provide relief for 6 hours, different arrangements should be made. Perhaps a different volunteer would be more suitable for that specific family, or if the respite program and the family allow, two volunteers can contribute to meeting respite needs.

Schedules are only one criterion on which a match should be based. An organization should have a matching policy that also includes criteria for evaluating the match from the volunteer, care recipient, and family caregiver perspectives (e.g., geography, gender of care recipient, commonalities, ability to perform the tasks related to needed care, and energy level or activity expectations of the care recipient). Cultural preferences may also be a consideration, which is why training in cultural competence is so important.

While cultural competence is vital, it is not a replacement for getting to know the family caregiver and care recipient. Information obtained at an assessment or intake should focus on identifying personal preferences, values, and support needs. For example, for an in-home service setting, it may be helpful to ask the family to envision the type(s) of volunteer that would be most compatible with their household and family members. This information along with cultural considerations may help you achieve a higher level of match, satisfaction, and service longevity of volunteers.

How the match will be made should also be thought out in advance and included in the respite program policy. The following are examples of questions to be addressed in advance:

- Are volunteers assigned?
- Do volunteers have the opportunity to choose from a pool of potential care recipients and their family caregivers?
- Do family caregivers and/or care recipients choose from a pool of volunteer providers?
- Should the volunteer expect to read any profiles of waiting care recipients and their family caregivers?
- Should the family caregivers and/or care recipients expect to read volunteer profiles?
- Are volunteers likely to be matched with care recipients they would be friendly with in other circumstances?
- Does a staff person accompany the volunteer for the first visit?
- Does the match take place in an agency setting?
- Is there a process or procedure for addressing compatibility?
- What are the steps if the match is not a good fit?

Unlike in a work situation where people are assigned, the volunteer and family must feel as though there is a good fit in order for the volunteer to return to the assignment on an ongoing basis. Are there guidelines established for both the volunteer and the family to indicate at the time of the initial match that it would not be conducive to further interaction?

Your program should emphasize that if volunteers are unhappy with a match that was made, it is their responsibility to raise that issue with their immediate supervisor. Similarly, if care recipients, family caregivers or their families are dissatisfied, they must be told whom they should contact to discuss their preferences or concerns.
The Volunteer’s Relationship with the Care Recipient and Family Caregiver

After your organization has created a match between a respite volunteer and a care recipient and family caregiver, the volunteer respite care begins. To facilitate a good working environment and create a mutually respectful relationship, it is imperative that your volunteers establish good rapport with those they are serving (see Communication under the section on Training). Family members often entrust volunteers with their home, belongings, and a fellow family member. Respite volunteers are initially strangers and trust must be earned, which is why it is critical to start building positive relationships right away. Volunteers can develop rapport by:

- Showing care recipients and family caregivers that they are dependable by showing up for respite commitments;
- Being punctual so that family members can see that the volunteer is a dedicated individual and honors his or her commitments;
- Listening to and following the preferences and needs of care recipients and family caregivers;
- Having a positive attitude and being enthusiastic; and
- Performing duties to the best of their ability.

If volunteers are unsure of what the family requires, they should be told that it is okay to ask. Family caregivers will appreciate that volunteers want to respect their wishes. Volunteers need to be sensitive to family roles and dynamics and not overstep their boundaries. Relationships are different from family to family, as are family interactions, which is why volunteers should pay attention to the ways in which roles manifest with the care recipients and families while they are providing respite care. These interactions, roles, and dynamics should be respected and not judged or corrected by the volunteer according to their own beliefs, expectations, or experiences. Additionally, certain negative interactions may be indicators of abuse or neglect. If volunteers witness or suspect abuse or neglect, it is their responsibility to document and report the incident(s) to their immediate supervisor.

Dealing with Relationship Losses

After spending time with a care recipient, family caregiver, and possibly the extended family, getting to know one another, and building and maintaining a relationship, it could be a significant adjustment for the respite volunteer when that relationship is over, whether it is because of a change in the care recipient’s condition or loss of independence, or especially if it is because a care recipient has passed or is dying. It’s important to discuss in advance the appropriate ways to support the family, and at the same time share with volunteers how they can expect to be supported by the program when these changes occur.

Supervision

Expert and ongoing supervision provides the best opportunity for managing issues that will inevitably arise. Respite volunteers should have supervisors in place who, at a moment’s notice, can address any concerns from the volunteers or from care recipients and family caregivers, and who can effectively and efficiently resolve these matters. Over time

For more information, see the Family Caregiver Alliance article on Grief and Loss at caregiver.org/grief-and-loss
supervisors can also evaluate volunteers to make sure they are meeting the organization and respite program expectations. Some volunteers will need gentle reminders about critical policies and procedures, while others may require greater and more frequent clarification of certain rules and expectations. Most importantly, a supervisor’s role will be to offer support, encouragement, and praise for volunteers who are doing a good job and offer motivation and guidance to those who are struggling. In rare instances a volunteer may be unable or unwilling to follow the policies the program has established for the protection of everyone involved. Supervisors must understand that their responsibility to the mission of the organization and the goals of the respite program may sometimes necessitate the termination of a volunteer.

Scheduling

To have a successful volunteer who is comfortable as well as effective and efficient in their role, the program will need to provide continuing support along the way. One way your respite program can do this is through the way volunteers are scheduled, whether for an event or community respite program or for in-home care. For volunteers who are matched with an individual family to provide ongoing respite, it is resource efficient to provide them with a way to schedule directly with the family on a weekly basis. It is essential to provide ongoing supervision and contact to both the family and volunteer to ensure the timely and appropriate follow-through of scheduling. In addition, a standard with an appropriate benchmark about scheduling, canceling, or rescheduling should be addressed at the time of the match and reinforced throughout the provision of service.

Whenever possible, respect volunteers’ scheduling needs by allowing them to choose their own time commitment and the hours they will be available. Set limits for the number of hours or days that can be volunteered each week and be sure that your volunteers know that saying no to a request is okay, if it was not previously planned or if it is outside the expected number of hours they are supposed to contribute for that week. The program should ensure that your policies and procedures allow volunteers to decline requests or tasks that make them uncomfortable or that they have not been trained to perform.

Sign-up sheets, master calendars, and phone calls can all serve to remind your volunteers of their commitments. Other valuable tools include volunteer scheduling software, which can be found online for a nominal fee or may even be complimentary for some charities. WhenToHelp includes ways for volunteers to enter their availability, what shifts they would prefer to work, methods for trading shifts or requesting time off, and improved modes of communication through automatic text messages, emailing, and schedule reminders. **WhenToHelp** is available free for approved charities and also for a monthly premium based on the number of volunteers using the software ([whentohelp.com](http://whentohelp.com)). **SignUp.com** (formerly VolunteerSpot) is another way to manage and schedule volunteers online. The website has complimentary software with features such as automated email reminders, an activity organizer, sign-in sheets, and calendar summaries; there is also the option of monthly subscriptions for a fee, which include extra features such as advanced reporting ([signup.com/volunteerspot/index](http://signup.com/volunteerspot/index)). A nonprofit organization called **TechSoup** also has software for volunteer management either free or at a very low cost ([techsoup.org](http://techsoup.org)) for non-profit organizations.
Easterseals DC MD VA Respite Program

PROGRAM DESCRIPTION

Respite Services and Caregiver Support

Easterseals Respite Services provide critical support to families who care for children with disabilities or special needs. Parents get a break from caregiving duties allowing them to focus on other family members or themselves, while preventing burnout and keeping families whole.

Robert S. Wilson, Jr. Community Respite Program

Easterseals DC-MD-VA offers respite days for children with disabilities or special needs, and their siblings, including military and Wounded Warrior families. These fun, activity-oriented respite days support children and their families by providing one-on-one interactions between children and trained volunteers. The activities take place monthly at The Harry and Jeanette Weinberg Inter-Generational Center in Silver Spring and include magic shows, face painting, clowns, petting zoos and other engaging, hands-on activities.

Bob Wilson believed that every person deserves a chance to live, learn, work and play in the community, including children with disabilities and special needs as well as “Little Warriors,” children of Wounded Warriors, and those who care for them. The Robert S. Wilson, Jr. Community Respite Program at Easterseals continues Bob’s legacy of leadership and volunteerism by providing critical support to these families.

VOLUNTEER AND FAMILY RECRUITMENT

Families can enroll in the respite and family support program by completing a respite registration form. There is no financial requirement to enroll. Respite forms can be faxed, emailed or mailed. A “matching process” is used where volunteers who would be best suited for each child based on their needs, personalities, family dynamics, etc. are hand-selected by staff.

Families receive an RSVP and a courtesy reminder email three days before the event, including information on the upcoming respite event with details and logistics. New families must complete the “Respite Services Registration Form” and other required paperwork. There are two different versions of the registration form — one is for families who have a child with a special need, and one is for families who do not have children with special needs (Wounded Warriors/Little Warriors). Other required forms include a Waiver of Liability, HIPPA Authorization Form “C,” and a Child Model Publicity Release.

The Easterseals Respite Program started its volunteer base with a group of volunteers 55 years and older, but now volunteers range from ages 18 and up. Volunteers are recruited to provide 1:1 attention for children with disabilities or special needs and their siblings, including military and Wounded Warrior families during Saturday events. “Mature” volunteers under the age of 18 with a 2:1 ratio are accepted as long as they come with an adult (i.e., parent, guardian).

As part of recruitment, if an organization or group wants to volunteer, they are sent information on the respite event.

FOR MORE INFORMATION

Easterseals DC MD VA
Respite Program
1420 Spring Street
Silver Spring, MD 20910
301.920.9718
respite@eseal.org
easterseals.com/DCMDVA/our-programs/family-services

All Easterseals DC MD VA Respite Program forms can be found on the ARCH Website at archrespite.org/volunteer-respite-manual-appendices.
**VOLUNTEER AND STAFF RESPONSIBILITIES**

Easterseals staff are responsible for the following before the actual respite event:

**Volunteers:**

- Screening of volunteers (i.e., running background checks and ensuring new volunteers completed the necessary required forms)
  - Respite Services Volunteer Form
  - Confidential Information Statement
  - Adult Model Publicity Release
  - Waiver of Liability
  - Notice of Background Investigation

- Sending event Information RSVP e-mail (this includes the upcoming event with details and logistics) and courtesy reminder e-mail three days before the event

- Conducting “matching process” by using the “Respite Services Volunteer” Form and hand-select which volunteer will be paired with which child for the day

- Finalizing the number of children attending (this depends on the number of volunteers so that there is a 1:1 ratio; typical respite events range from 15 to 25 children)

**Before the respite event:**

- Planning the actual event (includes logistics, themes, activities, food)
- Contacting vendors and confirming with vendors (magicians, face-painters, reptile companies, etc.)
- Assessing the amount of crafts, food and supplies needed based on number of attendees
- Accommodating food allergies and dietary restrictions
- Printing out informational sheets on each child for the volunteer they will be matched with for the day including the child’s likes, allergies, history, etc.
- Printing name tags for staff, volunteers, and children
- Ensuring “respite binder” has all the necessary information needed, including volunteer and family emergency contact numbers

**Day of event:**

- Setting up food, crafts, activities, etc.
- Greeting and check-in volunteers as arriving
- Conducting volunteer orientation focusing on agenda and use of space for the event
- Providing each volunteer with informational sheet on their matched child
- Discussing how volunteers are to greet families and what to ask before the parent(s) leave (e.g., new allergies, any new changes, etc.)
- Greeting families and introducing them to their volunteer for the day
- Providing activities, crafts, outdoor time, and food throughout the day

**SAFETY CONSIDERATIONS**

Volunteers are screened including running background checks and ensuring new volunteers complete the necessary required forms. During the respite event, staff help volunteers with children’s toileting, diapering, g-tube needs, medical needs, and dispensing of medication. Staff and volunteers have access to a “respite binder” that includes important contact information such as volunteer and family emergency contact numbers.
Volunteer Retention

Making certain that respite volunteers are happy and satisfied in their roles is essential. If volunteers are satisfied, they are more likely to remain engaged and be productive in their volunteer roles over longer periods. Retaining volunteers, in turn, decreases volunteer turnover, which can be costly because of the recruitment, training, and supervision invested in current volunteers. Retaining respite volunteers is often a matter of designing your program to be as clear about expectations and as accommodating and supportive of volunteers as possible, while still meeting the program’s needs and safety requirements. There are a variety of mechanisms and supports that describe ways in which volunteers can be retained.

Recognizing Volunteers

Since volunteers are not recognized for their efforts with a paycheck each week, it is very important to find other means of acknowledging their hard work and valuable contributions. Recognizing respite volunteers can ultimately reinvigorate volunteers and help them continue to feel connected to the cause for which they are donating their time. It can also serve as a motivating factor for their continued dedication to your organization and clients. The method of recognition your program chooses may depend on both your budget and on the volunteers you are working with. The following are some formal methods for providing recognition:

- Certificates of appreciation;
- Ceremonies or other forms of public acknowledgment;
- Annual dinners or special events for volunteers;
- Thank you, letters, cards, or notes; and
- Promotional Items, such as pens, caps, or magnets with the program’s name and number.

A small token of appreciation does not need to be expensive to be meaningful. A modest gift card to a local or chain coffee shop can thank volunteers and remind them to take a “coffee break” for themselves. A gift card to a gas station chain may thank the volunteer for the countless times they have driven to and from the volunteer site.

Informal ways of recognizing volunteers, for example through verbal praise and encouragement, are also appreciated. Research has shown that volunteers who provide services in the nonprofit sector may actually respond better to informal modes of
recognition. A Canadian Volunteer Recognition Study (Dixon & Hientz, 2013) found that 80% of volunteers would like to be recognized or thanked by hearing about how their volunteer work made a difference. Almost 70% said they would appreciate being thanked in person on an ongoing informal basis. Volunteer program managers and supervisors can show their appreciation by taking time to thank volunteers and by acknowledging that their time is highly valued by highlighting the number of hours contributed by volunteers. For example, “Your group helping on June 25th enabled 658 hours of respite for families!” or “By volunteering for 12 days this year, the Smith family was able to relax and recharge by taking several mini vacations.”

It is also important to recognize changes in the lives of volunteers and respond accordingly. Celebrating births or expressing sympathy for a death can be ways to acknowledge and reinforce the value of the volunteers within your organization. When recognizing volunteers keep in mind that a thoughtful and broad-based approach will best meet diverse volunteer preferences and expectations.

Ongoing Support and Supervision

Responsive and expert supervision is probably the single most important factor for retaining volunteers. Supervision provides a structure for the volunteers so they know who they should turn to when a difficult or challenging issue comes up or an incident occurs while they are providing care. Ongoing supportive supervision combined with the experience of making a difference in someone’s life will produce volunteer commitment to the program.

Continued support for respite volunteers can help ensure that volunteers have the necessary resources and tools to perform their duties well. Holding meetings on a regular basis, for example, can be beneficial for the respite program as well as the volunteer. Volunteers can keep you abreast of new developments and have an opportunity to bring up potential issues, concerns, or difficulties. This gives the program an opportunity to intervene and potentially provide needed guidance to volunteers who are struggling in their volunteer role. Hosting regular meetings is important for being aware of how volunteers are performing in their roles, giving them a chance to voice their concerns, and solving problems to prevent volunteer burnout or, having volunteers resign from their position. These meetings are also a great time to praise volunteers for their continued efforts and hard work and motivate them to stay involved.

Ongoing support may also include an educational or training component for respite volunteers that promotes awareness and acquisition of skills from various resources, special topics (e.g., seasonal flu and pandemic preparedness), stress management, performance enhancement, documentation and reporting, and review of policies, procedures, protocols, and guidelines for interacting with certain clients.

Volunteer Networking and Peer Support

Connecting your respite volunteers with each other creates a system of support and can help keep volunteers successfully involved. By being in contact with others who are engaged in similar tasks, respite volunteers will feel as though they are not alone in the work they are performing and in their experiences. Volunteers will have the opportunity to share stories and resources and to connect with others, which is beneficial for their well-being and in minimizing their risk of burnout.

It is helpful to start this process in the beginning by introducing a “seasoned” volunteer to volunteers in training. The experienced volunteer can answer questions and offer a genuine
level of honesty about the volunteer experience that exceeds what a staff person can provide. In addition, linking experienced volunteers through social media or one-on-one contact provides ongoing mentoring and support. Networking events with a “purpose,” such as a guest speaker, can also stimulate conversation that generates feelings of support and belonging.

Event-type respite may use different groups of volunteers each week from a workplace, civic, or student group for single events that repeat weekly, monthly, or quarterly. Valuing your volunteers’ time and staying in touch with them might encourage them to help out more often than just once a year. Many groups cannot do regularly scheduled respite but may be willing to help out two or three times a year, and they will want to keep in touch and be notified about volunteer opportunities. This provides the program with a list of groups to count on throughout the year.

**Volunteer Evaluation as a Retention Tool**

Evaluation of the volunteer’s performance is a critical component of volunteer retention because it is a perfect opportunity to see how volunteers are performing in their respite roles. Periodic evaluation of your volunteers provides an opportunity to assess progress, discuss and address concerns and needs, and provide any additional support, training, information, or intervention. Your organization can also decide whether a respite volunteer is performing satisfactorily or meeting expectations by taking into account feedback from care recipients and their family members and deciding whether they should continue in their roles. Providing volunteers with an opportunity to evaluate their own activities and the support of the program reinforces the value you place on their role and involvement.

**Preventing Volunteer Burnout**

Providing care can be stressful and demanding at times. Research shows that although engaging in volunteer work has definite benefits, being involved in too much caregiving can lead individuals to neglect their own health.

In order for your organization to be supportive and ensure that your respite volunteers remain healthy and productive, it is essential to be aware of their limits and check in with them regularly. Your organization should communicate clear volunteer expectations with realistic outcomes. Expecting more than what is feasible from a volunteer can leave them feeling as though their contributions are not making a real difference. The number of hours a volunteer can commit to should be monitored each week to prevent exceeding a level the volunteer is not comfortable with.

Volunteers who have been serving the organization in just one capacity for a period of time may be more vulnerable to burnout, especially if they are providing direct services. The supervisor may talk with such volunteers about considering moving to another role. An informal needs assessment and/or interest survey may be used to help determine that new role. Using flexibility and sensitivity in managing volunteer staff will allow people to move from one role to another and remain with the organization for a longer period of time.

As previously mentioned, by recognizing volunteers and praising their efforts, as well as providing expert supervision, maintaining close relationships with them, and checking in regularly, your respite volunteers will feel as though they have proper supports in place to be successful in their roles.
Lifespan of Greater Rochester Caregiver Respite Program

PROGRAM DESCRIPTION
The program relies on trained volunteers who provide in-home respite for caregivers of someone with early dementia or mild cognitive impairment. Volunteers provide 1–4 hours of respite per week. Foundation grants allow the program to provide respite at no cost to the family. The program began as a collaborative with Community Place of Rochester. Lifespan trained and matched volunteers and Community Place matched Senior Companions with caregivers who needed more than 4 hours per week of respite. Community Place also provides Spanish speaking volunteers.

The matching process is key to the program’s success. An initial assessment of both the caregiver and care receiver is done to inform the match. Matches take into consideration when the caregiver wants a volunteer to come; what the caregiver hopes to do with their respite time; what needs/interests/abilities the care receiver has; and any similar cultural backgrounds shared between the volunteer, the caregiver and the care receiver.

VOLUNTEER AND FAMILY RECRUITMENT
Volunteers are recruited in a variety of ways, including from family, friends, community groups, colleges, media ads, presentations and word of mouth. The program has used table tents at coffee shops and restaurants. Volunteers who speak a variety of languages have been recruited to enable respite for non- or limited-English speaking caregivers or care receivers. The program has access to a language-line service to facilitate phone calls. Community collaboration is key to provide effective outreach. The program collaborates with Catholic Family Center Refugee Resettlement Program for outreach and services and has worked with Community Place to serve urban families, while Lifespan volunteers serve suburban and rural families.

VOLUNTEER AND STAFF RESPONSIBILITIES
Volunteers receive comprehensive training. The volunteers go through an orientation using the agency’s respite volunteer training manual. Volunteers are required to attend 4 hours of dementia training provided by the Alzheimer’s Association that includes how to handle communication, behavioral, and other common challenges of caring for someone with early stage dementia or mild cognitive impairment. Volunteers meet regularly with each other to share ideas for activities with the care receivers or to problem solve issues that arise.

Caregivers are encouraged to attend Powerful Tools for Caregiver classes provided by the agency and are linked to other services through the Monroe County Office for the Aging Caregiver Resource Center and Lifespan/Eldersource Care Management. Volunteers are available to provide respite to allow caregivers to attend these educational programs or support groups.

SAFETY CONSIDERATIONS
All volunteers are interviewed individually. DMV and background checks are done on all volunteers. Volunteers turn in monthly time sheets with comments about how the time was spent and any issues that arose. Staff then follow-up to resolve any issues or answer any questions. Volunteer meetings usually contain an educational component as well.
Policies and Procedures

In order to create a good working environment, ensure the safety of volunteers and care recipients, and minimize issues that may arise during a volunteer’s time with your organization, it is imperative to develop and implement program policies. Volunteers should be made aware of these requirements during orientation. You may want to consider having them sign off on documentation that indicates their consent to following your organization’s policies and procedures before they begin their volunteer assignments. It would be especially helpful to compile these policies and procedures into a volunteer handbook that volunteers can readily refer to.

It is important to note that the ultimate effectiveness of policies and procedures is related to the following factors:

- The degree to which the policies and procedures are communicated to people who “need to know;”
- Whether the policies and procedures are understood;
- Whether the rationale for your policies is clear because volunteers often want to know “why” in addition to “what;” and
- The commitment of supervisors to hold volunteers accountable for adhering to policy.

Several policies and procedures common to other volunteer organizations are described below. Many of the sample policies were adapted from referenced sources (Volunteers of America, NC Volunteer Guide, and others).

Eligibility Requirements

You may want to specify certain program requirements that must be met for an individual to be eligible to become a respite volunteer, such as completing orientation and necessary training and having criminal background checks and driving records that are in good order.

Confidentiality Policies

To protect care recipients and families, a primary policy should reflect the need to maintain confidentiality. A clear and concise confidentiality policy, including HIPAA requirements, should be included in your policies and procedures manual.
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From Serve Kentucky (ServeKY), formerly the Kentucky Commission on Community Volunteerism and Service at serve.ky.gov/Pages/index.aspx and serve.ky.gov/volunteers/Pages/default.aspx
Minimum Commitment

Information about availability will also help efficiently schedule volunteers for your respite event and community programs, or match volunteers for in-home respite with family caregivers on the basis of days and times when family caregivers have a need for respite. Unless this is a single respite event rather than an ongoing series of respite visits, it is usually best to have a policy in which the volunteer agrees to serve in their respite role a minimum set number of hours per week or month. Many organizations also ask their volunteers to commit to at least one year in their position. The rationale for the time commitment should be clearly expressed. This step allows the potential volunteer to explore how an incomplete commitment might have a negative impact on a care recipient, especially if the special support need is exacerbated by transition or frequent changes. A clear rational also helps individuals understand how their ongoing role assists the caregiver and care recipient.

Even for event respite, asking a group of volunteers to commit to helping out at an event two or three times a year rather than just once a year will let them know their time is valued and will make it easier for the program to schedule events.

Drug Free Workplace

In order to be in accordance with laws and promote safety for the organization, family caregivers, care recipients, and fellow employees and volunteers, a zero-tolerance policy for alcohol and drug use should be in effect. While volunteers are on duty, they must remain drug and alcohol free so that their judgment is not impaired, and they can adequately perform their duties without putting others at risk.

Code of Conduct

All volunteers should be expected to follow a code of conduct that is intended to ensure their well-being and that of people who are served by the program and the overall organization. Unacceptable conduct may include insubordination, dishonesty, harassment, theft, and failure to maintain care recipient and family caregiver confidentiality.

Accommodations for Volunteers with Disabilities Policy

An accommodations statement is an effective way to convey your program’s commitment to volunteers with disabilities and to demonstrate that volunteers with disabilities will receive equal opportunity. Having a policy in place will help the program establish precedence for accommodation when there are requests.

Absentee Policy

If volunteers miss days they have committed to, it can be problematic for care recipients and their families who are counting on those respite volunteers. To ensure the relationship and the continued support the organization and the volunteer provide for care recipients and family caregivers are consistent, volunteers must honor their commitments. It is important for your organization to develop
policies regarding absenteeism. The absentee policy should specify how a volunteer should notify the care recipient and family caregiver and his or her supervisor when the volunteer must miss a scheduled appointment. In the extraordinary event of an emergency, it is the duty of the volunteer to contact a supervisor immediately. Preferably, this should be done before the volunteer’s scheduled respite visit so other arrangements can be made.

**Grievance Procedure**

Organizations and respite programs have a mission to promote an environment with desirable working conditions. In the event that problems arise, volunteers are encouraged to share their concerns and be assured that these concerns will be addressed appropriately and without delay. Volunteers should be aware that they will not be penalized in any way for complaints they make, but volunteers should maintain a professional demeanor while the matter at hand is being investigated and resolved.

**Policy on Harassment**

Organizations and respite programs should be committed to creating a comfortable work environment free of harassment for all respite volunteers. Such a policy should clearly prohibit harassment on the grounds of gender, age, race or ethnic background, religious preferences, sexual orientation, or disability. Sexual harassment such as unwanted sexual comments or advances should also be strictly prohibited.

**Abuse, Neglect, and Incident Reporting**

It is the volunteers’ duty to report concerns and discuss those concerns with their supervisor immediately after an incident such as abuse or neglect or an accident has occurred. Volunteers should be required to complete an Incident Report describing, in detail, what has taken place, where, and how, and then submit the report to their supervisor.

The supervisor may then take the report to higher state authorities, such as child or adult protective services, for further investigation. Ultimately, a police report may need to be filed. These authorities will investigate and take action to correct or remedy the situation. It is also important to note that certain professionals are mandated to report suspected abuse, neglect, exploitation, or abandonment of children or older adults who have a functional, mental, or physical inability to care for or protect themselves. These specific requirements vary by state so it is important to verify your state’s mandates and laws.

If any volunteers are engaged in abusing or neglecting their clients, they are subject to immediate termination as well as reporting and further legal action.

**Emergency Policy**

Although rare, it is possible that emergencies could occur. If volunteers are in any of the following situations, they should act accordingly following your organization’s policy and then be sure to complete an Incident Form if available (as above).

- **Fire:** In the event of a fire, evacuate the premises immediately, with the care recipient. Leave all belongings behind and focus on getting to a safe place with the care recipient. As soon as you have reached safety, call 911. Be sure to follow all directions and do not re-enter the building until specifically instructed to do so. It is also the duty of the volunteer to immediately contact the care recipient’s family member(s) to inform them of...
the emergency situation. Always follow the Red Cross motto of GET OUT, STAY OUT and CALL FOR HELP (American Red Cross, nd).

- **Unconscious care recipient:** First, it is critical to not move the care recipient from the place and position in which they were found, because moving a person who is unconscious could result in complications. The only appropriate time to move an unconscious person is if there is a fire or some other imminent threat. The volunteer should immediately call 911 and then immediately contact your program and get in touch with their supervisor, detailing the events that took place. Decide who should contact the care recipient’s family to tell them what has occurred. Depending on your program policy, the volunteer may need to complete paperwork such as a Medical Incident Report. More detailed information is available on MedlinePlus, U.S. National Library of Medicine (medlineplus.gov).

- **Conscious care recipient:** If the care recipient is conscious, again, it is imperative that the care recipient is not moved. Call 911 and inform the responder of the person’s symptoms. After help is on the way, volunteers should contact their immediate supervisor at (your organization’s name) and tell them what has occurred. As previously mentioned, the volunteer should complete any needed paperwork for your organization.

Dispensing Medication

Medical care and administering medications for the care recipient is dependent on your respite program policies and guidance provided as outlined by the family. If a care recipient needs to take medication while they are in the care of a respite volunteer, giving medication is permissible only if the family has previously authorized it and state law allows it with the family’s permission. If a family wants medication administered in their absence, an agreement must be signed by the care recipient and/or their family caregiver and the volunteer indicating that permission is granted to the volunteer to give medication to the care recipient on the schedule detailed by the family. Volunteers need to know that administering any type of medication to the care recipient without consent from their family member(s) and a signed contract acknowledging this agreement is prohibited.
Policies and procedures to address health and safety issues during a pandemic should be based on reputable federal sources such as the Centers for Disease Control and Prevention (CDC) and state and local health departments. Protocols for how to safely use volunteers during a pandemic should be developed or referenced in volunteer manuals and rigorously employed.

- 4 Ways to Prepare Your Nonprofit for Reopening Moving Forward: Volunteer Engagement During COVID-19 at blogs volunteermatch.org/4-ways-to-prepare-your-nonprofit-for-reopening

Guidance for Caregivers, Providers and Volunteer Programs during Coronavirus (COVID-19)

The coronavirus pandemic has changed the protocols for how to safely provide respite. Careful consideration and consultation with local and state public health authorities will have to be made when considering if volunteers should be used and if so, how to use volunteers safely during a pandemic. New policies and procedures should be clearly delineated in times of COVID-19 or similar pandemics or resurgences that may arise in the future. Policies should include requirements for wearing masks, gloves and other PPEs, social distancing, as well as stringent criteria and protocols for identifying symptoms in care recipients as well as volunteers and staff. ARCH has developed guidance in this area that can be found at archrespite.org/national-respite-guidelines-for-covid-19.
Liability and Insurance Issues

A common question asked by insurance underwriters is, “Does the insured have volunteers?” If the answer is “yes,” a red flag may go up. Other questions an insurance underwriter might ask are:

- What tasks do the volunteers perform?
- What are their ages?
- How many hours are volunteered?
- Does the insured tell them when to work, where to work, and what work to do?
- Do the volunteers drive the insured’s vehicles?
- Do the volunteers drive their own vehicles on behalf of the insured?
- Do the volunteers receive any fringe benefits, such as meals, lodging, or transportation expenses?

All of these questions must be answered to the underwriter’s satisfaction if a nonprofit agency is to obtain insurance. Insurance companies must control the risks they take, and many underwriters believe that control diminishes substantially when volunteers are introduced into the equation. Those of us familiar with the nonprofit world know that many organizations would be unable to provide valuable services without volunteers. For this reason, we must strive to educate underwriters and allay their fears. To correct misperceptions on the part of a carrier, you must establish a dialogue with your insurance professional to explain the management of volunteers and the duties they perform. You must also be organized in your approach to managing volunteers. Lack of procedures and controls can jeopardize your chances of getting insurance (Montgomery, B., rev 2002).

Identifying and Managing Liability Risks

The fear of being sued is pervasive in all volunteer organizations. Some leaders are more fearful or risk averse than others. While it is true that “anyone can sue an organization for any reason,” the fear of being sued can ultimately have positive effects on an organization. Concern about “what could go wrong” can inspire practical steps to either reduce the likelihood of harm or reduce the ultimate cost of harm or loss. Thinking about “what could go wrong” can also help identify steps the organization will take if something does go wrong, such as carefully documenting incidents or “near misses,” or investigating and/
RISK Management Process

Step 1: Consider the Context. During this first step, the team is involved in brainstorming the environment in which the respite program operates, including its:

- History of lawsuits, claims and losses – for example, has the organization ever faced claims alleging negligence providing respite care?
- The perspective of the board of directors of the organization; Are they fearful or especially concerned about certain types of losses?
- The perspective of the insurance providers for the organization – has the organization’s coverage been cancelled or curtailed in any way due to specific operations? Have insurance providers recommended changes in operations or practice in order to reduce premiums or provide coverage?
- The program’s relationship to other programs or organizations, such as the parent entity, a partner organization, or a funding provider.

Step 2: Identify Risks. During Step 2 the team discusses the risks associated with the organization. What could possibly happen to derail the mission of the program? What events might impair the ability of the program to deliver uninterrupted services?

Step 3: Prioritize Risks. During Step 3 the team reviews the list of risks and ranks them according to their seriousness and importance to the organization. There is no single way to approach this task. The goal is to develop a priority-order list of issues that the team will tackle with policies, procedures, practice or training.

Step 4: Decide What to Do. During Step 4 the team chooses a subset of the list – perhaps the top 10 most likely or potentially significant risks – and decides what actions the organization can take to 1) reduce the likelihood of the risk materializing; and 2) prepare to deal with the consequences of the risk materializing. For some teams it’s helpful to list the selected risks on a two-column worksheet and list risk issues in the left hand column and possible action steps for each risk in the box to the right of the risk. Examples of action steps include adding a safety component to the volunteer orientation, implementing safety policies, and encouraging volunteers to come forward with any concerns they have about their personal safety, the safety of clients, or the safety of the overall respite program.

Step 5: Follow-up and Adjust. The final step calls for the review of the actions taken to determine whether they should be continued, revised or disbanded. For example, is the new policy requiring the use of a service contract being followed consistently? Policies and action steps that are not serving the program’s interests should be changed or abandoned.
or following up on all complaints made by recipients of care, family caregivers, or respite volunteers. For example, respite volunteer programs can preemptively think about how a lawsuit could derail their community services and take steps to both minimize the likelihood of a lawsuit against the organization and plan the organization’s response to a legal threat before it occurs. Although it is impossible to eliminate the possibility of a lawsuit, every organization can take steps to achieve the above outcomes.

Administrators may be unsure about the best way to address risk management and liability issues for their agency and programs. Yet managing liability risks need not be as complicated or costly as many people believe. The following steps suggest a way to get comfortable with liability risks that won’t bankrupt your organization or draw too much time away from your mission to provide respite services. One way to begin this process is to schedule a series of brainstorming sessions involving representative stakeholders in the respite program. Be sure to seek the input and advice of your insurance agent.

**Risk Management and Liability Waivers**

**Federal and state mandates protecting volunteers.** Individuals who volunteer for a nonprofit may express concern about their exposure to personal liability resulting from their volunteer service. Therefore, in addition to understanding the steps the program and organization have taken to guard against harm or loss, volunteers should also be aware of the protection they enjoy under various federal and state “volunteer protection” statutes. Your respite volunteer program should be prepared to address these concerns and direct volunteers to resource material for additional guidance. For instance, with respect to liability claims, a respite volunteer program should urge its volunteers to review information on the state’s volunteer protection law as well as the Volunteer Protection Act of 1997.

These laws provide a defense for volunteers acting within the scope of their responsibilities for a nonprofit organization. While this protection varies from state to state, it is generally limited to instances when the volunteer has been “simply negligent” (fails to do something a reasonable person would do under the circumstances or does something a reasonable person would not do under the circumstances) versus “grossly negligent” (outrageous or intentional conduct that contravenes community standards).

**Liability waivers.** A waiver is a type of liability shield – a contract that seeks to protect an organization against liability claims by obtaining a promise from persons accepting the agreement to assume full responsibility for any harm they suffer and not to hold the nonprofit responsible. Liability shields come in various forms and are used by nonprofit organizations for a variety of purposes. The most common form of liability shield in the nonprofit world is a waiver and release of liability offered by a nonprofit to a participant or volunteer who is asked in advance of an activity or event to waive his rights to sue the nonprofit.

Liability shields can be executed before a loss or injury occurs or after a loss. Technically, a liability shield executed before the loss or harm is referred to as a waiver, while a liability shield executed after harm has occurred is called a release. A release executed after a loss – after the injured party has had an opportunity to survey the damage or reflect on his injuries – is most likely to be upheld when contrasted with a waiver executed before the loss or harm has occurred.

While an indemnification policy has the potential to protect your organization from liability in some locations, it may not be protective in all states or settings. Ultimately, a waiver
does not protect anyone from a lawsuit. Families may sue volunteers and volunteers may sue families or agencies in a state or federal civil suit. Organizations that provide volunteer respite care should discuss this issue with their insurance provider and do an assessment of risk. This assessment will address how their policy addresses volunteer services. Volunteers are a human resource to an organization, and an organization, if properly screening, training, and supervising a volunteer, should be prepared to support them as an extension of their paid staff. Often, careful documentation of screening, training, supervision, and hours of service are necessary to ensure that volunteers are covered by an organization’s insurance policy. This action also protects volunteers if they are injured (e.g., by lifting an individual) while acting within the role they were prepared for and assigned to perform. It is also important to learn from your risk insurance provider whether there are any roles or actions that your volunteer CANNOT perform within their assignment. Examples may include dispensing medication or providing care related to medical technology. It is important to identify such actions to avoid putting a volunteer or care recipient at risk of harm.

Agencies have the ultimate responsibility for protecting their volunteer human resources and families whom they serve. An indemnification policy is not a replacement for careful screening, training, matching, and supervision; it can often serve as a deterrent to potential volunteers and should be entered into cautiously.

Cost of Insurance Coverage

Organizations that run respite volunteer programs may purchase a variety of types of insurance coverage that address varying exposures and insurance needs. The limits of liability, deductibles, policy terms, and policy types selected by each organization vary, depending on the following:

- The availability of coverage under a parent organization’s insurance program;
- The availability of coverage and policy terms desired by the program (in some cases, an organization may wish to purchase a limit of liability that no insurance provider or carrier is willing to provide); and
- The organization’s ability to afford the coverage it seeks (in many instances, an organization must make difficult choices between the coverage it would like to buy and what it can reasonably afford at the time the coverage is purchased).

The average cost of insuring volunteers can vary. The average cost of coverage for each volunteer per year is $10 to $15. Some companies such as CIMA provide insurance for volunteers involved with nonprofit organizations at a cost of $13.75 per volunteer per year. The CIMA website contains all documentation such as application materials, coverage details, discussion of benefits included, policies, forms, and costs of services. For example, CIMA provides several different forms of coverage that can be purchased separately or in combination.
Types of Insurance Coverage that Protect Programs and Participants

The paragraphs below describe the most common and most important liability policies that a volunteer respite program should consider. Note: these coverages can be purchased separately or in coverage “packages.” In all situations your respite program should seek advice and counsel from a professional insurance agent or broker concerning your insurance requirements and preferences. Consultation with an attorney may also be advisable to ensure that volunteers who are “working” for your agency are adequately covered.

• Commercial General Liability (CGL). The CGL is a more comprehensive version of “general liability” coverage, which is designed to cover the liability exposures that are common to all organizations, from large corporations to small nonprofits. The policy is a combination of three separate coverages, each with its own insuring agreement and exclusions:

  ▪ **Coverage A.** General Liability (bodily injury and property damage) covers liability for claims alleging bodily injury and property damage caused by an accident, except for liabilities that are specifically excluded. Exclusions include liabilities more properly covered under a separate policy, such as automobile and workers' compensation and liabilities considered uninsurable. Some of the liabilities covered under CGL policies include injuries arising from your premises, injuries to care recipients under the agency's supervision, injuries to volunteers while working for you, injuries to participants at special events, injury caused by products you sell or manufacture, fire damage to your landlord's building, and damage to property not owned by you or in your possession.

  ▪ **Coverage B.** Personal Injury and Advertising Injury Liability covers exposures that do not involve bodily injury or property damage, are not caused by an accident, and therefore are not covered under Coverage A. These liabilities are libel, slander, false arrest, malicious prosecution, wrongful eviction, wrongful entry, violation of privacy, infringement of a copyright, and unauthorized use of an idea in advertising.

  ▪ **Coverage C.** Medical Payments coverage is not liability coverage per se but rather accident coverage, with a standard maximum limit of $5,000 per person. It covers injuries from accidents at your premises, or at your activities off-premises, regardless of your legal responsibility for harm. Medical Payments insurance excludes injuries to employees and those arising from automobile accidents and athletic activities.

• Directors' and Officers' Liability (D&O). D&O policies provide coverage for “wrongful acts.” The major difference between the CGL policy and the D&O policy is that nonprofit D&O policies exclude bodily injury and property damage. The most common claim filed under a nonprofit D&O policy is a claim alleging wrongful employment practices. Other examples of claims include those from donors alleging misuse of funds, claims from advocacy groups for the disabled alleging ADA violations, and from for-profits alleging
unfair trade practices. Make certain that your D&O policy includes coverage for a wide range of employment-related claims. Other key considerations in choosing a D&O policy include making certain that the policy has a broad definition of “insured” that includes the nonprofit itself, and that common exclusions such as “insured vs. insured” and “emotional distress” have been deleted.

- **Professional Liability.** Many nonprofits are exposed to claims alleging negligence in the delivery of professional services, such as counseling, nursing/medical services, referral services, and more. A respite program should discuss its need for this type of coverage with a competent insurance professional (agent, broker, or consultant).

- **Accident Insurance.** Accident policies are relatively inexpensive policies that finance the cost of medical treatment for individuals (volunteers and/or participants) who are injured while delivering services for or receiving services from an organization. These policies usually pay the costs of emergency room services and follow-up treatment to predetermined limits based upon the kind of injury. Usually these policies do not have deductibles. Note: an accident and injury policy does not respond to illness nor does it protect the organization from liability for the injury. One distinctive feature of an accident policy is that it will pay a claim regardless of who is at fault. These policies are generally written as “excess insurance,” meaning that they pay only after other available insurance – generally, the claimant’s personal health insurance – is exhausted. If the volunteer or participant were uninsured, the accident policy would “drop down” and become primary coverage for the injury. Accident policies provide affordable coverage for an organization concerned about volunteers or participants who may be uninsured or underinsured for injuries sustained while volunteering.

- **Business Auto Coverage.** The “business auto policy,” also called the “business auto coverage form” or “commercial auto policy,” provides liability coverage and physical damage coverage. Respite programs that own vehicles should purchase coverage for their owned vehicles, while organizations that rely on vehicles owned by employees and/or volunteers should purchase “non-owned” auto coverage. Non-owned and hired auto liability coverage is typically the only auto coverage a nonprofit will require if it does not own any vehicles. It’s important to remember that when volunteers or program staff members are driving their own vehicle on the organization’s behalf and are involved in an at-fault accident, the volunteer or staff member’s personal insurance (on the vehicle being driven) will respond first. The organization’s non-owned auto policy will respond when the limits of the driver’s personal auto coverage have been exhausted.
Marketing the Program to Consumers and the Community

Although developing respite program materials and websites can be costly and time-consuming, they can enhance your program to incorporate a marketing plan and a marketing budget into your program business model. One option is to look to your board or advisory committee to donate time and resources, or to reach out to a local college or university to identify business, marketing, and/or graphic design students looking for projects and opportunities to build their résumés. An accomplished marketing plan for the overall program can also be an excellent strategy for recruiting volunteers.

Establishing Trust in the Community

Gaining the trust and confidence of your community involves more than honesty and transparency. Trust is also fostered by dependability and responsiveness. As you begin to identify partner organizations and volunteers to build and lead your respite efforts, it is important to vet them carefully on the basis of history, mission, and track record, as well as perception within the community. This is especially true when serving vulnerable populations and families with heightened need for support.

The following are methods that can be used to market and establish trust:

- Convene a panel of stakeholders (e.g., advisory committee or board) of established and trusted leaders, influencers, and individuals or organizations who are well connected with the population you intend to serve.

- Be thoughtful in defining your services (don’t say you can provide a service that you don’t have the capacity to provide).

- Feature well-established and trusted partners in your marketing materials.

- Highlight experienced and well-respected leaders and/or volunteers.

- Share success stories and testimonials.
Identifying and Building Relationships with Stakeholders

A key to success for any community-based program is thoughtful planning, marketing, and relationship building with stakeholders. Stakeholders include individuals and entities that have a stake in an organization – who are affected by or can impact the organization’s actions, objectives, or policies. For volunteer respite programs, this includes the individuals and families whom you serve, donors and funders, policymakers, referral sources, and others.

Potential Referral Sources

Look to existing providers in your community – perhaps agencies and organizations you have historically collaborated with – to explore and identify referral sources. Identify where family caregivers turn for information, support, and services, including their health care providers, Family-to-Family Health Information Centers (F2F), Aging and Disability Resource Centers (ARDCs) or No Wrong Door Systems (NWD), Area Agencies on Aging (AAAs), state respite coalitions, and state Lifespan Respite Programs. Consider reaching out to less traditional referral sources such as faith communities, local employers and human resource professionals, disability, health and aging organizations (e.g., local and regional affiliates/chapters of Autism Society of America, MS Society, Christopher and Dana Reeve Foundation, Alzheimer’s Association, AARP), and parks and recreation departments. Take time to learn about their needs and the needs of the individuals they serve when developing your respite program and services. Work with them to make the referral and intake processes streamlined and user friendly.

Collaborating with agencies, local transportation organizations, faith communities, businesses, health providers and/or service organizations in your community can help build a strong and sustainable respite program. Through both collaborations and formal coalitions, differing perspectives can effectively be united by a common vision, cause, and leadership. This is also a compelling way to engage stakeholders within your community. Furthermore, such groups often bring experience and expertise to the table and frequently provide referrals or volunteer recruitment opportunities to meet their member or care recipient needs. While identifying groups to work with, you may discover others in your area who are also interested in or are currently operating similar or compatible programs. Through collaborations, duplication can be avoided, and expertise can be shared.
Policy Makers

Invite local and state policy makers to the table. Help acquaint them and their staff with the respite needs and services (or lack thereof) for family caregivers who live in the local community. The following are some steps to identify and build relationships with key policy makers:

- Identify those members who sit on key committees or who hold leadership positions that are critical to your program.

- Use existing networks to identify members who may have a personal interest or experience that makes them likely to support your issue (e.g., caregiver coalitions).

- Invite members to come and see your programs in action or to meet with care recipients and families. It is especially useful to be sure to invite them to special events and to give them an opportunity to speak.

- Take time to attend town hall meetings and other public events and make yourself known to members by introducing yourself and/or asking a question in an open forum.

- Regularly communicate with the members and their staff about issues of importance to you through meetings, letters, and phone calls.

- Put members and their staff on your mailing and email lists for things like newsletters and other communications that are published on a regular basis.

- Offer to assist members with constituent services (a possible source for referrals).

- Regularly and publicly thank members who help you by sponsoring legislation, getting out the votes, speaking out on your issue, or anything else of importance.

- Use social media to communicate with your consumers, stakeholders, community partners, and policy makers.

- Join your state respite coalition or start one and use it to advocate for improved respite programs and policy.

Developing Appropriate Marketing Messages

Methods for developing and delivering messages to advertise your volunteer respite program should be deliberative and purposeful. Marketing is more than just raising awareness. To be most effective, identify specific groups in your community that you plan to target (e.g., aging caregivers, parents of children with special needs, caregivers of adults with chronic conditions, and other community-based or faith-based agencies) and develop a message specifically targeting their unique needs and concerns. More than one message and strategy for delivering those messages will probably be necessary.

For more information on marketing volunteer respite programs see:

ARCH Webinar: Marketing Respite to Family Caregivers, Moving Beyond Awareness at archrespite.org/webinars-and-teleconferences/webinar-marketing-to-family-caregivers

ARCH: State Lifespan Respite Grantee and Partner Marketing and Public Awareness Tools at lifespanrespite.wildapricot.org/Marketing
Federal and State Resources on Volunteerism

**Civic Engagement Initiative, Administration on Aging (AoA), Administration for Community Living (ACL).** Volunteers have always been the backbone of programs administered under the Older Americans Act. Each year about ten million older people use Older Americans Act services, whose delivery largely depends upon the efforts of half a million volunteers. Volunteers help the aging network in many other ways, including assisting at group meal sites and delivering meals to home-bound elders; escorting and transporting older persons to health care services and grocery shopping; weatherizing the homes of low-income and frail older persons; counseling older persons in a variety of areas including health promotion, nutrition, legal and financial concerns; detecting and preventing health care fraud; and helping during disasters. For more information about the wide variety of rewarding volunteering opportunities to benefit older Americans, see AoA’s Civic Engagement section at acl.gov/programs/volunteer-opportunities-and-civic-engagement.

**Corporation for National and Community Service.** The Corporation is the nation’s largest grantmaker supporting service and volunteering. Through Senior Corps, AmeriCorps, and Learn and Serve America programs, the Corporation provides opportunities for Americans of all ages and backgrounds to address critical community needs nationalservice.gov. State Service Commissions manage, monitor, and evaluate AmeriCorps and other CNCS programs and are also charged with encouraging volunteering in their states. See nationalservice.gov/about/contact-us/state-service-commissions.

**engAGED, The National Resource Center for Engaging Older Adults.** In 2010, AoA funded the National Association of Area Agencies on Aging (n4a) for a 3-year project to create “Engaging Volunteers in the Aging Network: A National Resource Center” (the Center). The Center helps AoA and the Aging Network use volunteers more effectively, especially baby boomers; develops AoA’s and the Aging Network’s leadership in civic engagement; and expands the Aging Network’s use of volunteers. The Center is a partnership of n4a, the AARP Foundation, the National Association of State Units on Aging and Disabilities, Senior Service America Incorporated, the Council for Certification in Volunteer Administration, and the University of Michigan. Visit engagingolderadults.org.

**State Lifespan Respite Programs.** A number of states are funded by the ACL to develop or enhance statewide Lifespan Respite systems to coordinate community-based respite for family caregivers caring for anyone of any age with a special need. The grantees and their partners are charged with recruiting and training respite workers, including volunteers. For contact information for each state program, see ARCH at archrespite.org/lifespan-programs.
Volunteer Management Resources

Energize, Inc. Especially for Leaders of Volunteers. An onsite resource that provides materials on every aspect of volunteer management, including funding, evaluation, training, and useful software at energizeinc.com.

Idealist. A nonprofit organization, Idealist serves as an international clearinghouse of nonprofit and volunteer resources and opportunities. For more information, go to idealist.org.

National Council of Nonprofits. The Council has valuable resources on managing volunteers at councilofnonprofits.org/tools-resources/volunteers. Their state associations frequently offer workshops and webinars on topics relating to volunteer management and may know of local nonprofits looking for assistance. To find an affiliated state association on nonprofits, see councilofnonprofits.org/find-your-state-association
Volunteer Training Resources

AARP, CC2C, Connecting Caregivers to Community Volunteer Handbook. The CC2C program helps communities of faith address the needs of caregivers. The CC2C Volunteer Handbook has training resources including information on individual and group volunteer roles, code of conduct, and practice scenarios - aarp.org/content/dam/aarp/home-and-family/voices/black-community/aab-caregivers-volunteer-guide-web-2017-aarp.pdf. For a CC2C program overview and access to other resources go to: aarp.org/home-family/voices/black-community/info-2017/connect-caregivers-to-community.html

CareBreak Model Development Training. The Watson Institute’s CareBreak program provided respite to families through careful screening, training, and matching of volunteers from 1997-2017. The CareBreak volunteer respite model has been replicated in over 30 sites throughout the United States and territories and offers permission for use or adaptation of all forms and materials. This model has an evidenced-informed base of practices and has been successfully used to support individuals of different ages and disabilities. For more information contact MaryJo Alimena Caruso, Training and Technical Assistance Coordinator, FRIENDS National Resource Center, mjcaruso@friendsnrc.org

Caregiver Support Network Volunteer Training Manual. U.S. Department of Veterans Affairs Voluntary Service (VAVS) and the Office of Care Management (OCM) have joined to form the Caregiver Support Network to prepare volunteers to more effectively assist veterans’ primary caregivers. This training manual is designed to help community organizations and volunteers provide compassionate support to those offering care to America’s veterans in their homes. kofc.org/un/en/resources/military/serve/vavs_caregivers.pdf

Intergenerational Connections with Autism. These two Generations ready-to-use, modular training curricula can assist volunteer coordinators with their training responsibilities in preparing individuals who will be volunteering with children with autism. Both the Generations & Autism Connect and the Grandparents & Autism Connect curricula are designed for professionals working across the lifespan with volunteers. Each module contains a PowerPoint presentation, a facilitator script for the presentation, pre- and post-test and supporting handouts. Module topics include 1) Overview of Autism, 2) Families, 3) Communication, 4) Behavior, 5) Community Integration, and 6) Socialization. easterseals.com/explore-resources/living-with-autism/intergenerational-connections-form.html

REST (Respite Education and Support Tools). Rest is a train-the-trainer course that prepares individuals to conduct respite training, equipping volunteer and paid REST Companions™ to provide respite, in order to support caregivers who are caring for people with disabilities and health care needs across the lifespan. REST is a program of Marklund. For more information, go to marklund.org/rest-training-program.

VolunteerHub: 7 Elements to a Successful Volunteer Training Program. Volunteer Hub provides helpful training strategies in their blog article 7 Elements to a Successful Volunteer Training Program. Included are recommendations for how volunteer training aligns with your recruitment, orientation, and retention efforts. volunteerhub.com/blog/volunteer-training-program
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Nonprofit Risk Management Center. No Surprises in Volunteer Management. Adapted from the No Surprises Volunteer Risk Management article developed by the Nonprofit Risk Management Center at nonprofitrisk.org/resources/e-news/no-surprises-in-volunteer-management


For more resources, explore Volunteer Respite Manual appendices at archrespite.org/volunteer-respite-manual-appendices