NEIGHBOR TO NEIGHBOR

VOLUNTEER HANDBOOK

NtN Program Services

Friendly Visitor

Shopper

Home Assistance Provider

Transportation Provider

Telephone Reassurance

Nutritional Delivery Drivers
We hope the Neighbor to Neighbor Handbook helps to make your volunteer experience better for you and the people you are serving. Please call or email JABA’s Volunteer Services team and/or the staff engaged with the program you are supporting with any questions, concerns or feedback. Your direct interaction with the members of the community enables you to make observations that we can’t. Thank you for your commitment, compassion and assistance.

JABA’S VOLUNTEER SERVICES TEAM

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NtN Volunteer Best Practices and Strategies

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Call 911 or your local emergency number immediately

Call 911 for any of these situations

Tips and Resources

Listening Tactics

Following are some practical suggestions to facilitate the conversation

Conversation Starters

Recognizing Depression in the Elderly

WAYS TO HELP A DEPRESSED OLDER PERSON

Interventions That Are Helpful For Facilitating Grieving

What Everyone Should Know About Good Samaritan Laws

Agreement with the Individual being matched with a Ntn volunteer

Request For Travel Reimbursement–HDM

Request For Travel Reimbursement

Individual Volunteer Time & Job Record
NTN PROGRAM POLICIES & PROCEDURES

REFERRALS TO JABA’S VOLUNTEER SERVICES DEPARTMENT

Referrals will be directed to JABA’s Resource Counselor for screening and assistance. Referrals may be handled by an Options Counselor if contact is made directly by the referring person or the Options Counselor may opt to refer the caller to the JABA’s Resource Counselor for screening.

SCREENING

The primary purpose of options counseling services in relation to the Neighbor-to-Neighbor program is to develop a care plan, ensure the safety of the individual and the volunteer, and to address any issues which may arise as noted by the volunteer or individual. Volunteers will not be placed in the NtN program without a home visit initially performed by a staff member.

Staff responsible for accepting referrals will manage services through the Communication, Referral, Information, and Assistance (CRIA) program and guidelines during the intake process. The staff providing the screening will determine what services are required by the individual requesting an NtN volunteer.

If all of an individual’s needs can be addressed through I&A services and do not require a home visit, an Options Counselor will not perform a home visit solely for the purpose of screening an individual for an NtN volunteer. I&A staff and Options Counselors will direct the individual to other possible volunteer providers in the community and indicate that at this time JABA cannot meet their needs. An individual may be screened for an NtN volunteer if there are other needs to be addressed by the Options Counselor or at the Options Counselor’s discretion. Services will be provided under the appropriate program (CRIA, Care Coordination for Elderly Virginians Program (CCEVP), Options Counseling).

COMPLETION OF INITIAL OPTIONS COUNSELING SERVICES

The Options Counselor will close their active case file on an individual working with an NtN volunteer once the service plan is complete. The NtN volunteer will be supplied with the individual’s emergency contact, Options Counselor contact, and I&R Specialist information to facilitate reporting any concerns regarding the person they are serving. Any future issues or needs which arise beyond the scope of the initial assessment will be addressed through Resource Counseling
process as described in the Referrals section. In this way the individual will have access to the full scope of JABA programs, services, and staffing to meet their needs. An NtN volunteer will be provided with the Neighbor-to-Neighbor Volunteer Checklist which they will complete and submit to the Options Counselor if action is needed. This is completed if a serious concern is noticed in order to describe a serious change of status or concern.

**REFERRALS FROM ASSISTED LIVING AND NURSING HOMES**

JABA Options Counselors will not provide screening or assessment services to persons residing in long-term care facilities. The long-term care facility staff will assume the role of a JABA Options Counselor. If the individual returns to their home then there must be a referral made to a JABA Options Counselor where in the process is like that for any other individual or contact JABA’s Care Transitions Coordinator to help the individual determine the services preferred.
VOLUNTEER COORDINATION IN THE NTN PROGRAM

Volunteer Services will accept a request for an NtN volunteer from a JABA Options Counselor or from a key staff member at a long-term care facility. The request is done through submission of the JABA Volunteer Request Form to the Volunteer Services team member. There will be a follow up call made to the requestor to confirm details and receive any clarification possibly needed. Throughout the screening process, personality traits and preferences of both the individual and potential volunteer will be taken into consideration to find the most appropriate match possible.

COORDINATION OF NTN PLACEMENT

1. Volunteer completes and signs a volunteer registration form
2. Volunteer is interviewed by Volunteer Services team member
3. Volunteer receives a Position Description
4. Volunteer clears a criminal background check which includes sex registry check, national and state criminal history check, and Social Security check. Driving record check will be performed if volunteer is transporting an individual as a requirement of the position
5. Volunteer receives training from Volunteer Services Department
6. JABA Options Counselor or facility contact is given volunteer’s name and contact information and background information and OC notifies individual of the same
7. Volunteer contacts individual directly to make introduction and establish day and time of visits

REPORTING REQUIREMENTS OF NTN VOLUNTEER

1. Volunteer will call 911 and the individual’s emergency contact to report any immediate emergency
2. If there is a sudden or serious change in the individual, the volunteer will contact the individual’s Emergency Contact and inform the Options Counselor
3. Volunteer will inform the Volunteer Services office if there is a change in their commitment to be an NtN volunteer. A minimum of two weeks’ notice is preferred to circumvent a lapse in contact with the individual.
4. Volunteer will report volunteer hours monthly to Volunteer Services Administrator
5. If requesting Travel Reimbursement there is a form that is used in addition, your volunteer hours can be recorded on the same form. It must
be signed by your volunteer supervisor or a member of the Volunteer Services team. The form needs to be submitted by the first of the following month in order to ensure timely reimbursement.
GUIDELINES FOR NTN PROGRAM

POLICY

STANDARD ASSISTANCE OF NTN VOLUNTEERS

- Commitment of one-two hours per week
- Social conversation/activities either in the home or on the telephone
- Help with light chores in the home such as changing light bulbs, taking out the trash, programming a remote control, home organizing, etc.
- Transportation to doctor or other critical appointments
- Grocery shopping or errands such as picking up prescriptions
- Yard work
- Minor home repairs

UNACCEPTABLE TASKS OF NTN VOLUNTEERS

- Housekeeping
- Personal care
- Banking, paying bills, balancing checkbook and other financial requests
- Pet care
- Physical transfers

HANDLING INDIVIDUAL’S MONEY

- Options Counselor will discuss with individual at time of initial interview how the individual intends to provide volunteer with funds necessary to perform shopping, if required by care plan
- Options Counselor will notify the aide how individual prefers to have his/her money handled during performance of shopping.
- After each shopping trip during which the volunteer handles the individual’s money, the volunteer will present the individual with a receipt (always) and change (if applicable).
- Volunteers are prohibited from performing any financial management activities such as writing checks, making bank deposits, or making a budget.
BACKGROUND SCREENING

PURPOSE

It is the intent of this policy to establish guidelines and procedures for JABA to protect service recipients and youth by investigating the background of volunteers who have one-to-one contact on a regular basis with service recipients or youth in an unsupervised setting.

In addition to basic screening of volunteers which begins with the registration form, interviews and position descriptions, a criminal history check will be completed. A criminal history check serves as a means to review an individual’s background with respect to their volunteer participation. Knowing an individual’s criminal background can provide more certainty that people with a history of inappropriate behavior will not have access to children and the participants involved in our programs that are not in a supervised setting. Therefore, the objective of our background checks is to ensure the safety and well-being of participants and provide citizens with a peace of mind.

SCREENING

- All potential volunteers will have a personal interview with a JABA team member.
- All volunteers who have one on one interaction with our at risk population, including contact over the phone, will be subject to a background screening consisting of a Criminal Background Check performed with the use of IntelliCorp online services. At present these positions include Friendly Visitors, Telephone Reassurance Callers and Transportation Providers, Nutritional Delivery Drivers, Home Assistance Provider and Shopper.
- If the volunteer's duties require driving an individual, a VA State Moving Vehicle check will be included which can be done using the same services.
- References will be requested if a particular position requires it.
DISQUALIFYING CRIMES

No individual will be permitted to volunteer for JABA if the results of the background check show that the person has ever been convicted or has a charge pending against them in which it is alleged that they have committed a crime that falls under one of the following categories. (Examples of crimes under each category are not exclusive.)

- **All Felony Offenses**- kidnapping, aggravated burglary, carjacking, arson, drug related crimes, etc.
- **All Sex Offenses**- child molestation, sexual assault, rape, sexual battery, indecent exposure, child exploitation, etc.
- **All Violence Offenses**- murder, manslaughter, aggravated assault, robbery, an offense involving a weapon, etc.

CONFIDENTIALITY

To help ensure confidentiality, all paperwork with personal identification numbers is filed with the volunteer’s other paper records in a locked file cabinet.

BACKGROUND SCREENING PROCESS

- Volunteer Services staff will distribute the Background Check Authorization Forms to volunteers during the in person interview process to be filled out and run before the start date of the placement. Information required includes Name, Address, SS number, DOB, Phone number and Signature. If a driver’s check is to be done, volunteer will supply their driver’s license number and state issued.
- All forms must be completed by the volunteer and returned to the Volunteer Support Specialist to run the reports. They are to be secured in a locked file cabinet to be submitted or pending.
- The Volunteer Services staff will submit the background information online to IntelliCorp.
- If any disqualifying offenses are reported in the background check, the Volunteer Services Manager will notify the volunteer that they are disqualified. The volunteer will be given information on the appeals process.
- Volunteer Services will record the date of the background check into Volunteer Reporter and file the paperwork in the Volunteer’s folder maintained in a locked file cabinet.
Evaluating Record

A conviction of a crime, other than a disqualifying crime, does not automatically preclude volunteer service, and individual circumstances will be considered. For crimes that do not fall into a disqualifying category, Volunteer Services will follow the same criteria used for JABA employees as dictated by EEOC regulations.

- The nature and gravity of the offense,
- The time elapsed since the conviction or completion of sentence, and
- The nature of the volunteer position sought

APPEALS PROCESS

If a volunteer feels the information on a record is in error, it is his or her responsibility to contact the agency that provided the information and have the record corrected and obtain written verification that an error was made.
Volunteer Protection Act of 1997

In 1997, President Clinton signed into law the Volunteer Protection Act of 1997 (Act) that, generally speaking, provides immunity from tort claims that might be filed against the volunteers of nonprofit organizations. NPCC's Government Relations Committee is considering supporting legislation that would make such protection contingent on the organization carrying general liability insurance at adequate levels. The Act raises some serious questions that are briefly outlined here.

When an individual performs volunteer services for a nonprofit he exposes himself to the risk of having a claim filed against him by someone who believes he has been hurt by the volunteer. The most significant kind of nonprofit liability involves bodily injury—people being physically hurt. Bodily injury claims are particularly troublesome since they can involve demands for large amounts of money. Recoveries for pain and suffering can be huge and such claims can be financially devastating for those against whom they are filed. It should be kept in mind that when an employee or volunteer carelessly hurts someone, not only will he be liable, but the organization for whom he works will also be liable for the reason that principals are liable for the acts of their agents.

It is to protect against such exposures that nonprofits carry general liability insurance. A general liability insurance policy protects an organization against bodily injury and property damage claims. Board members are covered and frequently employees are also covered. However, most general liability policies do not cover volunteers. Special insurance can be purchased fairly inexpensively to cover its volunteers' potential liability, but many nonprofits are neither aware of its availability nor have sufficiently considered the liability exposures of their volunteers. It should be noted that a fair number of nonprofits do not carry any sort of general liability insurance.

The Volunteer Protection Act provides immunity from lawsuits filed against a nonprofit's volunteer where the claim is that he carelessly injured another in the course of helping the nonprofit. The Act does not provide immunity to the organization itself. Prior to the adoption of the Act, under the law of most states, a volunteer who negligently hurt someone would be personally liable. Now the Act preempts all such laws and the volunteer is immune from suit. The new law only applies to uncompensated volunteers who help 501(c) (3) and 501(c) (4) nonprofits. The immunity is a qualified immunity and protects the volunteer only against claims of negligence and not against claims of gross negligence, willful or criminal misconduct, reckless misconduct, or conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer. The difference between negligence and gross negligence is one of degree: gross negligence involves a greater degree of carelessness than negligence. Some wonder whether the Act provides real protection, since all anyone wishing to sue a volunteer (who they believe has carelessly hurt them) needs to do to keep the volunteer from raising the Act as a shield is to allege gross negligence rather than negligence in their complaint.

Nonetheless it is likely that the Act does provide some protection to volunteers and thus may encourage volunteerism. However, we believe that the Act has a downside. Providing immunity to a volunteer who has injured someone as a consequence of his carelessness would seem to clash with the charitable goal of helping others. Many might believe, for instance, that those who volunteer for a nonprofit should be held to the same standard of care as the rest of us. In cases where a nonprofit has no assets to speak of, a party injured as a result of the carelessness of a volunteer may well have no recourse against anyone and will not be compensated for her injuries. Because it lacks assets, the nonprofit will not be worth suing and because of the Act's protection, the volunteer will be immune from suit. One may fairly wonder whether it is in the long-term interest of a nonprofit's reputation to let someone go uncompensated in these circumstances.
It should be kept in mind that the chance of someone being hurt by an agent of a nonprofit without being reimbursed for her injuries would not exist if all nonprofits carried adequate general liability insurance. Indeed, we believe it is desirable for a nonprofit to carry general liability for at least two reasons. First, to avoid being devastated in the event of someone successfully prosecuting a negligence claim against the nonprofit that results in a judgment requiring it to pay large sums of money in damages. Second, to be able to adequately compensate someone who has been hurt as the result of the negligence of one of its agents. Related to this second reason, we believe that when, in carrying out its mission of helping others, a charitable nonprofit injures someone as the result of the carelessness of one of its agents -- an occurrence that can be protected against but which nonetheless happens -- the nonprofit should be in a position to make whole those whom they have hurt.

There is a provision of the Act which, if taken advantage of, would assure that innocent third parties hurt by the carelessness of nonprofits’ volunteers would be adequately compensated for their injuries while, at the same time, providing personal immunity to such volunteers. This part of the Act allows a state to require that a charitable organization must “provide[s] a financially secure source of recovery for individuals who suffer harm as a result of actions taken by a volunteer in behalf of the organization,” before its volunteers gain immunity under the Act. (A general liability policy with adequate limits would be considered a financially secure source of recovery.) Thus, if New York passed such a law, for charitable nonprofits to avail their volunteers of the protection of the Act they would have to purchase general liability insurance (or provide some other means of financial security), and should organizations choose not to do so, its volunteers would then be liable if they carelessly injure someone. We therefore believe that the nonprofit community ought to consider seriously whether it is in its long-term interest to promote the passage of such a law by New York.

Some may point out that the money needed to purchase general liability insurance would be better spent in carrying out the nonprofit's mission. We do not find this argument persuasive. First, we do not believe that the expenditure of a relatively small amount of money for general liability insurance will cause a significant diminution in the level of service provided by the nonprofit. For this small amount, it should be remembered that general liability insurance will provide recoveries not only to those hurt by a nonprofit's volunteers but also at the hands of their employees. Second, there is also the possibility that when the public learns of an innocent third party not being compensated for injuries caused by the careless acts of a nonprofit volunteer, the damage done to the reputation of the entire sector will cost more than the loss in services resulting by having to spend a little extra money for liability insurance. Finally, we believe it does not lie well in the mouths of representatives from the charitable sector to make this kind of calculating argument.

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The Neighbor to Neighbor (NtN) program targets an often vulnerable and needy population, the elderly. There are several volunteer positions which are part of the larger NtN Program that match volunteers with at risk or home bound seniors or individuals living in long-term care facilities. The Volunteer Services team, in conjunction with the JABA’s Options Counselors and staff at facilities, coordinates placements of volunteers wanting to serve their community in this direct capacity. These individuals who are trying to “age in place” and remain independent require support services to do so and most often do not have individuals in the area to assist them. The people in the long-term care facilities may not have any people who visit them or are able to shop for them. There are several types of service that they may need or they may only require assistance in one area. The following are descriptions of the six positions under the NtN program. There is an opportunity to befriend an individual and help in several capacities if there is a need and a desire by the volunteer.

**FRIENDLY VISITOR**

JABA’s Friendly Visitor Program is part of the larger NtN Program which provides volunteers to visit with at risk or home bound seniors. JABA’s Volunteer Services department coordinates the volunteers to visit area seniors in their homes or in a long-term care facility who are homebound and/or isolated. The seniors are in need of socialization opportunities. This is not a position which entails housekeeping services; rather you would be a friend visiting to engage in activities with the individual. These could include talking, playing games, putting together puzzles, sitting in the garden, discussing current events and more.

Often the volunteer will discover that there are areas of interest in common with the individual that they are visiting. This might lead to an outing. This is an acceptable activity. Importantly, part of the screening process for an outing activity would be a VA moving vehicle check. This can be done expeditiously. We can also include this with the initial background screening process if the volunteer anticipates incorporating outings into the Friendly Visiting activities.

This position requires a minimum of a year commitment with at least one visit a week. An important and valued relationship is fostered between the individual and volunteer through this direct service opportunity. We understand that situations for volunteers can change which effect availability and commitment due to unforeseen circumstances.
SHOPPER

Sometimes individuals are not able to easily manage shopping excursions for themselves. We will coordinate placement of volunteers to help with this direct service opportunity in the NtN program. Shopper volunteers can take the individual shopping or can do the shopping errands for the individual. Attention needs to be paid to the mobility limitations of the individual when considering transporting them and navigating the parking lots, curbs and stores. Guidelines for transporting individuals and for handling money are included in this handbook.

HOME ASSISTANCE PROVIDER

JABA would like people to be able to age in place for as long as possible and recognizes that individuals may need some home assistance to enable this to occur. There are many tasks that an individual may need assistance with due to physical limitations such as changing difficult to reach light bulbs, cleaning gutters, shoveling snow, raking leaves, taking the garbage cans to the curb and more. This would not include housekeeping chores such as doing dishes or cleaning bathrooms. This may include a once a month visit to check on several things around the home, or time sensitive visits due to the seasons or weather or trash collection schedules. Most home assistance tasks done on a regular basis prevent bigger issues down the road in a home. They include chores that we don’t even think twice about doing when it is for ourselves. The impact for helping someone with these essential chores though is huge and enables the individual to live independently. This is the type of volunteer position that allows someone to have a direct impact and also has flexibility of schedule. Often this volunteer position can be paired with others in the NtN program.

TRANSPORTATION PROVIDER

Examples of transportation for individuals needing assistance are trips to and from medical appointments or to visit a loved one in a long-term care facility on a regular basis. Public transportation may not be an option for them. One of JABA’s Options Counselors will request a volunteer to assist with this need. If a volunteer is interested in helping with this opportunity, consideration needs to be made with the type of vehicle driven, length of time available, and ability to assist with entries and exits of vehicle and buildings. Advocacy for the person receiving transportation to the appointments is not an appropriate part of the volunteer task. Mileage is reimbursable up to $15 per month. The volunteer can be reimbursed for fuel expenses up to the cost of the fuel, but not for any mileage that JABA is already reimbursing for. Mileage can be tracked by the volunteer and turned in to the Volunteer Support Specialist. A report can be generated
by a member of the Volunteer Services Team at the end of the calendar year for use by the volunteer when submitting Federal Income Taxes.
TELEPHONE REASSURANCE

JABA’s Telephone Reassurance Program is part of the larger Neighbor to Neighbor (NtN) Program that provides direct assistance or contact with at risk home bound seniors. Individuals are referred to the program through JABA’s Options Counselors. The program is intended to serve seniors who are homebound, isolated, living alone or otherwise in need of contact to ensure personal safety and wellbeing. This may be temporary while recuperating from an illness or it may be a permanent situation. The Volunteers check-in by placing phone calls to area seniors who are homebound and/or isolated. This program targets our most vulnerable and needy population; i.e., the elderly, who are trying to “age in place”, remain independent and require support services to do so.

Telephone Reassurance is also a supplement to the Home Delivered Meals (HDM) Program which entails Volunteers taking nutritional supplements to JABA’s individuals twice a month and checking in with them in person while doing so. By adding the component of a phone call the weeks that the individual does not receive delivered meals, it ensures weekly contact with the senior. Often this is the only external contact and socialization the older home bound adult receives and we feel it is crucial to their wellbeing.

ASSIGNMENTS

Each Telephone Reassurance volunteer will be matched with an individual(s). This individual may be in need of weekly telephone calls or may be receiving delivered meals combined with the telephone check-ins on the alternate week. Volunteers may elect to call more than one individual, determined by and their preferences and schedules.

CALL SCHEDULE

There will be a specific timeframe/calling schedule prearranged between the Volunteer and the Individual. Time of day, days of the week, etc. will all be pre-determined and agreed to by both parties. Commitment to this is absolutely critical to ensure success. In the event you are unable to make a call due to illness or some unexpected schedule conflict or other situation, please let your individual know as soon as possible. We ask that you inform the appropriate JABA member if an alternative arrangement needs to be made. If your individual does not answer, please leave a message for them. Then, call the appropriate staff or emergency contact. If you are planning to stop volunteering altogether please consider giving the appropriate JABA staff member as well as the Volunteer Services Department staff two weeks’ notice so we can make new arrangements.
CONFIDENTIALITY
As a Telephone Reassurance Caller you will be privy to individual information that is personal and highly confidential. It is essential that you maintain total confidentiality and honor the individual’s privacy. Should confidentiality be breached, you may be terminated as a Telephone Reassurance Volunteer.

PROCEDURES

CALLING
- Place your call to your JABA individual at the pre-arranged time.
- Allow the phone to **ring at least 15 times or until a message machine comes on**.
- If there is no answer, try again in 10 to 15 minutes.
- If there is still no answer, call the **Emergency Contacts** that have been provided to you.
- If you are able to reach one of the Emergency Contacts be sure to log that on your Monthly Log. You may want to request the Emergency contact call you back once they have checked on the individual for your peace of mind.
- Be sure to record your actions on your Monthly Log including any follow-up actions and the outcome.
- **Always keep your Volunteer Caller Instruction Sheet nearby as a handy reminder of the basic procedures.**

CALL FORMAT
Start your conversation by identifying yourself – “This is your Friendly Caller volunteer (your name) calling”. We encourage you to use a warm and friendly tone as this is often the only contact they may have with others on a given day. Your cheerful and compassionate manner will be greatly appreciated and valued. If the individual desires, spend some time chatting with them asking questions such as “Are you feeling OK today” or “What did you have for breakfast” as this is a great way to discover if there are any concerns to address. Other individuals may simply want a basic check-in or reassurance call. The calls may vary, depending on various factors such as their schedule, mood, etc. You and the individual will make that determination together. Be flexible and adjust to the needs of the individual and the pace of the conversation. Be sensitive to the manner in which the individual converses.

*Regularly remind the individual to let you know of any changes in their schedule that would alter your calling days and/or times and also let them know if your schedule changes.*
NON EMERGENCY CONCERNS

- If you have concerns arising from a conversation with the individual, inform the individual that you will pass on their concern to the appropriate JABA staff member. Record it on the Friendly Visitor Check Sheet Log.
- Use your judgment in determining if a concern is critical or not.
- If it is not critical, it can be reported on your Friendly Visitor Check sheet and submitted with your hours reporting at the end of the month.
- If you are unsure or do think it is a critical concern call the appropriate JABA staff member for supportive action.

REFERRALS

In the event that your individual asks for a referral for a service or other general information please suggest that they call JABA or their Options Counselor at JABA. They will get answers to questions on issues such as health insurance, housing, transportation, home care, living wills, caregiver information, nursing homes, income supplement programs, prescription coverage, home delivered meals, and many more. The number to call for referral services is 434-817-5222.

EMERGENCY

- If during the course of the phone call with your Telephone Reassurance individual you or the participant believe that there is an immediate emergency instruct the individual to hang up and call 911.
- When you hang up call 911 and report the incident yourself as a follow up, identifying yourself as a Telephone Reassurance Volunteer.
- Next, call one of the Emergency Contacts for your individual to inform them of the incident and for record keeping purposes.
- Be sure to log actions on your Monthly Log.

At no time should you dispense medical advice or offer services to the individual.
TELEPHONE REASSURANCE REFERENCE SHEET

Your time, service and concern is greatly appreciated by your community and, more importantly, by our elders and their families. Your calls will not only help and assist your community, but will allow our senior population to remain independent and feel less isolated. Elders feel comforted knowing that someone will be calling them to check in on a regularly scheduled basis.

This document is meant to provide you with guidelines and other useful information. Please keep it handy for easy reference.

If you have any questions or concerns please contact the appropriate JABA staff member
Name  
Phone 
Email

Or

JABA at 434-817-5222 and ask for the Resource Counselor

Notes
______________________________________________________________________
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Your compassion is the foundation of the NtN Program. Together we will support and care for our senior neighbors.
HOME DELIVERED MEAL DRIVERS (HDM)

PROCEDURES
As a JABA Home Delivered Meals (HDM) Driver, you are providing a critical service to these individuals. Not only are they receiving nutritious meals and nutritional supplements, but needed socialization and reassurance that many would go without if it weren’t for this program. Due to the nature of this program, safety guidelines are important for the volunteer as well as the individual. Any questions or concerns should be directed towards the Volunteer Services Department or the HDM Coordinator/Manager of HDM. Please see the additional supplement for Telephone Reassurance for the HDM position.

If the person has an excess of the nutritional supplement:

- Alert the Home Delivered Meals Coordinator or the Home Delivered Meals Manager to inform of the situation.
- Temporary adjustments of quantities of the items can be made.

After route is complete, return any paperwork or donations to the Center or follow procedures as outlined by your HDM Coordinator.

SAFETY INFORMATION

VOLUNTEER SAFETY

- Carry your cell phone and keep it turned on during delivery.
- In order to aid in identification, you should wear your JABA volunteer badge during delivery.
- Be aware of your surroundings. Do not place yourself in an unfriendly environment. If you are uncomfortable making a delivery or entering an individual’s home on your route for any reason, call your HDM Coordinator or Manager of Home Delivered Meals.

SAFETY OF PERSON RECEIVING NUTRITIONAL FOODS

- If you observe extreme differences in the home, irregular behavior or actions and/or poor health – Report observances to Home Delivered Meals Coordinator or the Home Delivered Meals Manager so proper referrals can be made to the Options Counselor.
• If the recipient does not answer the door – If you feel safe to do so, look into windows to make sure individual is OK. If individual is not home, you may leave the product on the porch but notify the HDM Coordinator that you have done so.
• If the person is critically ill or unconscious or on the floor in need of assistance – CALL 911 immediately. Stay with the individual until EMS arrives. Once EMS arrives, place a call to the Home Delivered Meals Coordinator or the Home Delivered Meals Manager to inform of the situation.
• If you have no cell phone and are unable to get inside the house – leave to find the nearest phone and CALL 911. Once the call is placed to 911, return back to the house until EMS arrives. After arrival of EMS, alert the Home Delivered Meals Coordinator or the Home Delivered Meals Manager to inform them of the situation.
• If the person has a surplus of the nutritional supplement – Inform the Home Delivered Meals Coordinator or the Home Delivered Meals Manager if there is a surplus on hand at the individual’s home. Temporary adjustments of quantities of the items can be made.

HDM SUPPLEMENT - TELEPHONE REASSURANCE CALLER

BACKGROUND
An inherent part of the HDM program is the social contact and well-being check that naturally takes place when the nutritional supplement is delivered. It is a concern that this vital aspect of the program is lost when the nutritional supplements are only delivered once or twice a month, especially in rural areas where individuals are isolated, vulnerable and may not have other contacts.

HDM recipients will have the option to receive a friendly call from their HDM driver or assigned volunteer on the weeks of no delivery to check in on the individual. This is an opportunity to say hello and create an additional connection for these isolated individuals. The HDM Volunteers will be asked to consider calling all of the individuals that they deliver to. This is because there will be a rapport that develops which helps us to serve the needs of the individuals more effectively.

PROCEDURES
• The offer of calls will be made to all JABA HDM recipients. On weeks of no delivery calls will be made to the people who wish to receive them.
• The Volunteer will call from a list and use a tracking sheet to check off after call has been placed.

• These calls can occur at the Community Center/Office so JABA phone lines are utilized. JABA will not be able to reimburse for calls placed on personal phone line.

• Once completed, the spreadsheet will be submitted to their HDM Coordinator. Any issues or concerns reported by the volunteer will be shared with the Options Counselor by the HDM Coordinator as appropriate and needed to ensure any individual needs are addressed.

• All Volunteers are to include time spent making these calls on the Volunteer Hours report so your efforts can be properly tracked.

• No Answer – Attempt 3 more calls before assuming individual is not home. Mark off on sheet that individual did not answer the phone.

• Answer – Introduce yourself and let them know you are calling as a volunteer for JABA’s Home Delivered Meals Program and ask how they are doing today. This phone call can be brief and to the point and is merely a check-in versus a lengthy conversation. Remind the individual that if any issues arise or they are in great need; to contact their assigned Options Counselor.

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**BE ON THE LOOKOUT FOR**

• Extreme health changes that are verbalized

• Any speech changes that are different from last phone call such as slurred speech and extreme confusion or disorienting behavior such as inability to focus or concentrate on conversation.

• Any concerning situation such as an uncomfortable interaction with a new individual answering the phone.

• If the individual requests help immediately and is gravely ill, call 911 and alert the HDM Coordinator immediately of the situation so proper communication to the Options Counselor can occur ASAP.

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**MEALS ON WHEELS DRIVERS**

JABA refers volunteers to Meals on Wheels programs. There are specific instructions to be adhered to which are provided by the Meals on Wheels staff member during orientation and training. In addition, we ask that all volunteers follow the basic safety guidelines that are provided in this handbook.
NTN VOLUNTEER BEST PRACTICES AND STRATEGIES

WHEN TO CALL EMS (EMERGENCY MEDICAL SERVICES)

CALL 911 OR YOUR LOCAL EMERGENCY NUMBER IMMEDIATELY

- Unconscious individual
- Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Appropriate conditions for placing a call are:
  - Becoming unconscious
  - Trouble breathing or breathing in a strange way
  - Evident chest pain or pressure
  - Severe bleeding
  - Pressure or pain in the abdomen that does not go away
  - Vomiting or passing blood
  - Seizures, a severe headache, or slurred speech
  - Symptoms of poisoning
  - Injuries to the head, neck, or back
  - Possible broken bones

CALL 911 FOR ANY OF THESE SITUATIONS

In your travels as a volunteer you may come across emergency situations. If this occurs maintain your safety first and foremost then attempt to call EMS or 911.

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle collisions
- Victims who cannot be moved easily
TIPS AND RESOURCES

LISTENING TACTICS

SIGNS OF A GOOD LISTENER

- Says “yes” with an open, accepting manner
- Has good eye contact
- Listens to the silences
- Doesn’t presume to have full truth
- Senses feelings
-Empathizes – Steps inside situation
- Reflects thought and feelings
- Accepts person as is, no judgment
- Allows person to stumble over words
- Puts aside own feelings and needs

SIGNS OF A POOR LISTENER

- Interrupts flow of speech or thinking
- Changes the subject
- Thinks of a reply while person is talking
- Gives advice rather than sharing in a search for answers
- Generalizes by saying that the person is like everyone else
- Jumps to conclusions, interrupts
- Tries to “fix” the problem
- Moves mentally and emotionally outside of the situation
- Moves hands, feet or body positions a lot
- Says “The same thing happened to me”
- Ignores questions

FOLLOWING ARE SOME PRACTICAL SUGGESTIONS TO FACILITATE THE CONVERSATION

- Listen attentively – try to sense the underlying messages.
- Give positive feedback – restate or rephrase parts of their story back to them.
- Clarify the story by checking out the facts – ask good questions.
• Get on the “feelings” level! Sharing brings people closer together. This is especially important when the memory is a negative one. Just be empathetic; careful not to judge or criticize. You can say, “I can see how you would feel that way!”
• Encourage them to remember and share by using some of the suggested questions on the attached handout.
• Relax and enjoy your time together! This is an opportunity for you to be enriched as well; you will feel closer to your individual as feelings are shared and you will come to appreciate their memories as their rich treasures. You will be helping them to see the meaning of their lives more clearly and, as a result, they may feel better about their own self-worth as they think about their accomplishments over the years!

CONVERSATION STARTERS
The following questions are some suggestions. Tailor the questions to the specific person you are visiting and their particular setting. They will help to facilitate conversations that revolve around reminiscing. Recalling days gone by are often interesting for the listener and enjoyable for the teller. Additionally, research shows that older people who can and do reminisce in a meaningful way are the healthy emotionally.

- Tell me about your earliest memory?
- What are some of your favorite memories of your childhood?
- Were you ever very sick as a child? Who took care of you?
- Was there a special person or groups that strongly influenced your early life? Who? Tell me about them.
- Describe your family as you were growing up.
- Can you tell me the meaning of your family name? Your name?
- How did your parents meet?
- Describe the first house you remember living in. Tell me about the neighborhood.
- What were your favorite foods as a child?
- Tell me about your pets when you were young.
- What were your favorite pastimes as a teenager?
- Describe your teen years.
- Tell me about your first love.
- What was your first job? How did you like it?
- What was your most memorable birthday? Most memorable gift?
- What part did religion play when you were growing up?
- Did you marry? What first attracted you to your spouse?
- What was your life like with your spouse?
- How would you sum up your life in just a few words? Explain.
- What would you like the chance to do over? What would you change about your life?
- What was the most interesting period of history that you lived through?
- What was your greatest disappointment? Your greatest achievement?
- Could you tell me about the most difficult thing you had to deal with during your life?
- What was your moment of greatest joy?
- Did you ever make major changes in your life? Divorce? Career change? Move? How did it go? What was the bravest act for you?
- What advice did your parents give you? Did you hand down that same advice to your children? Why? Or why not?
- What is the biggest difference between your childhood and that of your children? Grandchildren?
- Have you ever received a special award, honor or medal? Tell me about it.
- What was the most difficult thing you ever did?
- What was school like for you as you were growing up? Favorite teachers?
- Did you play sports or musical instruments as a child?
- When did you first recognize your talents? What are they?
- What makes you smile when you think of your childhood?
- What were the fads when you were in high school? College?
- Did you ever have a “crisis” that turned into an “opportunity”?
- What were your favorite “family” activities as a child?
- Where have you lived? Traveled?
- How were you disciplined?
- What was your favorite holiday as a child? What was it like?
Recognizing Depression in the Elderly

Depression is the most commonly occurring psychiatric illness in old age. And, since people often accept it as a natural consequence of aging, many older people suffer when they could be helped. Factors in later life including feelings of loss of control over one's life, side effects from medications, unresolved grief, and the stress of adjusting to the many changes presented as we age, contribute to the significant rate of depression found among the older populations.

Research has found that older people respond to the traditional treatments for depression, psychotherapy group therapy and anti-depressant medications, as well as any other age group. But, more importantly, research has also found that those who maintain friendships and active lives are less apt to suffer from depression. The socialization and support offered by even one friend can lessen depression.

It is natural to react to losses faced in later life with sadness. But long standing and debilitation depression in the elderly can and should be treated. Your visits may be the cure for a case of “the blues”. But there are cases where you should find more help. As you visit older people, it’s important that you recognize the symptoms of a depression that requires treatment.

The National Institute of Mental Health recommends that anyone with 4 or more of the following symptoms for more than 2 weeks seek professional help:

- Persistent sad, or empty mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in ordinary activities
- Sleep and eating disturbances
- Restlessness, irritability, fatigue
- Difficulty concentrating, remembering, making decisions
- Thoughts of death or suicide, suicide attempts
- Persistent physical symptoms or pains that do not respond to treatment

Ways to Help a Depressed Older Person

- Make sure a JABA staff member knows of the concerns of depression
- Be an available friend, call and visit
INTERVENTIONS THAT ARE HELPFUL FOR FACILITATING GRIEVING

1. LISTEN, LISTEN, LISTEN. There is a great need for the mourning person to go over and over the material in their heads. This will help the bereaved actualize their loss.

2. Assist the bereaved in identifying and expressing their feelings. Remember that resolution depends on them experiencing the fullest extent of their pain.

3. Provide time to grieve. Grief cannot be rushed and it may be that the best help a professional can provide is to arrange for the survivors to have time to grieve.

4. Allow for individual difference. Grief is, after all, an individual matter.

5. Interpret “normal” grief behaviors and feelings. Reassure the bereaved that these behaviors and feelings do not indicate mental illness.

6. Provide continuing support.

7. Care: Henri J. Nouwen in “Out of Solitude” defines the word “care” and indicates that caring for another involves entering into his suffering with a willingness to share his burdens intimately. That includes understanding… the deepest form of connection.

8. If there is cause for concern of safety beyond normal grieving contact the appropriate JABA staff member.

9. Reassure the individual that resolution is possible. To do this you, yourself, must believe that life can be worthwhile for the grieving individual when his grief work is completed.

10. Allow the individual in grief to choose their own form of restitution but be available to provide adequate support and resources.

From Outpatient Psychiatry: Diagnosis and Treatment (pp 498-512) by Aaron Lazaer, MD © 1979, Williams & Wilkins Co. Permission granted by Williams and Wilkins, Co., Baltimore, MD
WHAT EVERYONE SHOULD KNOW ABOUT GOOD SAMARITAN LAWS

Are there laws to protect you when you help in an emergency situation? Yes, most states have enacted Good Samaritan Laws. The laws give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim’s life was endangered.
- Ask a conscious victim for permission before giving care.
- Check victim for life threatening emergencies for providing further care.
- Summon professional help to the scene by calling the local emergency number or the operator.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individuals training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for help in an emergency. However, the existence of Good Samaritan Laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care. If you are interested in finding out about your state’s Good Samaritan Laws, contact a legal professional or check with your local library.
Neighbor to Neighbor Report

Individual’s Name__________________________________________ Dates
Visited______________

Volunteer Information:
Name_________________________ Phone____________
Email________________________________

This form is to be used to report any **significant** changes observed by the volunteer.

**Appearance:**

- ____ Yes
- ____ No

Examples:
- Very soiled or inappropriate clothing for climate conditions
- Bad Body or home odors

If yes to any example or change in appearance, please explain briefly.

**Functional Changes**

- ____ Yes
- ____ No

Examples:
- Vision
- Conversation
- Hearing
- Incontinence
- Walking
- Unsafe Home Maintenance

If yes to any example or other change in function, please explain briefly.

**Behavioral**

- ____ Yes
- ____ No

Examples:
- Confused
- Very Sad or Angry
- Lack of interest
- excessively tired

If yes to any example or other change in behavior, please explain briefly.

If there is a sudden or apparent serious change in your individual, call and submit this form to the individual’s emergency contact or JABA Options Counselor. If a medical emergency, please call 911.

Your individual’s emergency contact is ___________________________________________________________________

Phone _____________________________ Email________________________________________

Your individual’s JABA Options Counselor is _____________________________________________

Phone______________________________ Email________________________________________
AGREEMENT WITH THE INDIVIDUAL BEING MATCHED WITH A NTN VOLUNTEER

JABA’s Volunteer Department is happy to provide a volunteer service for you. Please read the following guidelines. If you have any questions, feedback or need assistance with any matter in consideration of the volunteer contact you’re the JABA Options Counselor that helped to coordinate this volunteer for you or call JABA directly and request to speak with JABA’s Resource Counselor.

Individuals agree to:

- Cooperate with the volunteer.
- Do not offer money or valuables for their assistance.
- Do not hire the volunteer to do other jobs.
- Let your Options Counselor know if your situation changes.
- Tell your Options Counselor if you are having any problems with your volunteer.
- If you cannot meet your volunteer at the appointed time and are unable to notify them directly, call your Options Counselor or the Volunteer Services department at 817-5272.
- Do not ask the volunteer for any further requests, ask your Options Counselor.

Signed  Date
REQUEST FOR TRAVEL REIMBURSEMENT–HDM

MONTH _________________ 20____

Location of Nutritional Site Pick Up___________________________________________

Name ___________________________________________ Phone Number _____________________

E-mail _________________________________________________________________________

Mailing Address __________________________________________________________________

City & County ___________________________ Zip___________

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Signature of Volunteer ___________________________ Signature of HDM Coordinator ___________________________

Date ___________________________ Date ___________________________

Please complete this form and return it to your HDM Coordinator by the 3rd of the month
REQUEST FOR TRAVEL REIMBURSEMENT

MONTH __________________ 20_________

JABA will reimburse volunteers for mileage costs at $.50/mile (up to $15.00/month) or for your fares paid to JAUNT. This is subject to change depending on the availability of funds.

PLEASE PRINT CLEARLY

Name ____________________________ Phone Number ____________

E-mail __________________________________________________________

Mailing Address __________________________________________________

City & County ____________________________ Zip____________

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TOTALS

Please email, mail or fax this form by the last day of the month, mileage reimbursement is submitted the first Friday of each month or by the fifth of the month whichever is later.

JABA Volunteer Services Dept. 674 Hillsdale Drive Ste. 9 Charlottesville, VA 22901

FAX # 434.817.5230
# INDIVIDUAL VOLUNTEER TIME & JOB RECORD

This form is to be used by individual volunteers, who volunteer at sites other than JABA locations, i.e.: FISH, Literacy Volunteers, and Friendly Visitor etc.

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It is very important to report all of the valuable volunteer service that you are providing to your community! Please send a record of your hours to JABA’s Volunteer Service’s Department by the 5th of the month. We can accept your unreported hours from previous months as well. Please mail, fax or e-mail.

JABA 674 Hillsdale Drive St. 9 Charlottesville, VA 22901
Fax: 817-5230
For Questions call the Volunteer Support Specialist at (434) 817-5226.

______________________________
Supervisor Signature (if applicable)

______________________________
Volunteer Signature

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For Office Use Only

Date Recorded ____________  Staff Initials ____________
Date Submitted ____________  Staff Initials ____________
Code _______ ____________  

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