“Chapter 110 Volunteer Program”

Policies and Procedures

DOHP 365-1-05

Effective Date: August 25, 2005
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I. Policy

The Department of Health (DOH) encourages the maximum participation of volunteers in the Volunteer Health Services (VHS) Program. The goal of the VHS Program is to increase access to quality health care for the medically underserved and uninsured residents of Florida through the commitment of volunteers. The program builds bridges between DOH and communities throughout Florida to provide health care to needy persons. The department is grateful to the health care practitioners and others who volunteer their time and to those who donate goods to the program. Volunteers who have a positive experience with the department are good-will ambassadors for DOH. Thus an important aspect of the Volunteer Health Services Program is the good public relations that results when DOH works cooperatively with volunteers.

This document describes the standards that are required to effectively administer the program and efficiently use volunteers governed by Sections 110.501-.504, Florida Statutes (F.S.). It also provides policies and general guidance related to recruitment, eligibility determination, orientation, training, supervision, recognition, and the overall management of the Chapter 110 Volunteer Program. The policies and procedures included in this document apply to all DOH entities.

II. Authority

A. Sections 110.501-.504, F.S. (Appendix 1)
B. Section 60L-33.006, Florida Administrative Code, Volunteers (Appendix 2)
C. Section 768.28, F.S., Waiver of Sovereign Immunity
D. Chapter 440, F.S., Workers’ Compensation
E. DOHP 60-5-99, Background Screening Policy

III. Supportive Data

Not Applicable

IV. Signature Block with Effective Date
V. Definitions

A. Volunteer: Any person who, of their own free will, provides goods or services to the department with no monetary or material compensation from the department.

1. Regular Service Volunteer: Any person engaged in voluntary service activities on an ongoing or continuous basis, such as licensed health care providers and persons who provide clerical and support services. Regular Service Volunteers also include the following persons:

   a. Intern: A student who fulfills a professional educational program requirement by volunteering a specific number of hours for a specified school term shall be considered a Regular Service Volunteer. If an intern is working under a contract between a DOH entity and an educational institution, there is no requirement to document the intern as a volunteer. However, the intern’s time should be documented as a donation to DOH.

   b. Practicum Student: A student who volunteers to address partial fulfillment of an individual educational course requirement.

   c. TANF Client: An individual determined eligible to receive Temporary Assistance to Needy Families (TANF) and not exempt from work requirements under the federal Welfare to Work Act. This work includes volunteer efforts to develop job skills and work experience.

   d. Teen Volunteer: Any individual, 14 to 17 years of age, with parental permission, who volunteers for less than 40 hours per week. A teen volunteer may not be supervised by a relative or be given duties in an area where confidential information is contained, utilized, or discussed.

2. Occasional Service Volunteer: Any person that volunteers for a one-time event of short duration or provides occasional voluntary services to the department.

3. Material Donor: Any person who provides funds or materials for clients of the department without compensation from the department.

B. Volunteer Health Services Personnel: DOH employees who are responsible for the implementation, support, and operation of the Chapter 110 Volunteer Program in DOH entities.
1. **Director:** An employee assigned to develop and coordinate overall responsibilities of the Chapter 110 Volunteer Program for the department.

2. **Regional Volunteer Coordinator:** An employee assigned to provide technical support for the Chapter 110 Volunteer Program in DOH entities, within a specified region.

3. **Local Volunteer Coordinator:** An employee assigned to coordinate overall responsibilities of the Chapter 110 Volunteer Program in a DOH entity.

4. **Volunteer's Supervisor:** Any paid or unpaid employee who supervises a volunteer.

C. **Donations:** Money, material goods, or in-kind services donated for the benefit of individuals and communities served by the department.

D. **DOH Entity:** A county health department, Children's Medical Services Program, A.G. Holley Hospital, or any program directly administered by the Department of Health such as the Brain and Spinal Cord Injury Program.

VI. **Protocol:** Not Applicable

VII. **Procedures**

A. **General Responsibilities**

1. Each director/administrator of a DOH entity is responsible for ensuring the implementation of these policies and procedures within their respective areas through the assignment of responsibilities to a specific employee referred to as a local volunteer coordinator. The preferable location of the local volunteer coordinator is in the administrative office to allow access to all program areas.

2. The director of the VHS Program is responsible for the development and coordination of policies and procedures for the Chapter 110 Volunteer Program including: monitoring reports; conducting site visits; providing technical assistance; and compiling statewide data as required by DOH.

3. The regional volunteer coordinator is responsible for monitoring, conducting file reviews, and providing technical assistance to the local volunteer coordinator as requested. In addition, this employee will supervise Chapter 110 volunteers associated with the Volunteer Health Care Provider Program, and compile regional data to be submitted as
requested by the director. If requested, the regional volunteer coordinator will provide assistance to DOH entities to coordinate the documentation of volunteers and license verification of volunteer health care providers during an emergency event.

4. The local volunteer coordinator is responsible for the recruitment, training, documentation, placement, and recognition of volunteers employed in their facility. Additional responsibilities include: the acceptance and documentation of all donations presented to the department and the submission of reports to the regional volunteer coordinator on a quarterly and annual basis. If required, local volunteer coordinators can request assistance from their regional volunteer coordinator regarding the operation of the program.

5. The volunteer’s supervisor is responsible for ensuring that volunteers are treated with the same respect as paid employees, trained for the position assigned, provided meaningful employment, and effectively supervised to ensure an efficient and productive working environment.

B. Volunteer Recruitment and Placement

1. Needs Assessment: A needs assessment is the process used to identify DOH’s need for a volunteer, material goods, and/or donations. The local volunteer coordinator assists each program or facility to assess its need for goods and services, and helps determine the feasibility of meeting the needs through volunteer resources. The Volunteer Needs Assessment Tool (Exhibit A) may be used for this purpose.

2. Position Description: The Volunteer Position Description is a narrative statement that includes the volunteer’s duties, job expectations, qualifications, responsibilities, and supervisor. The local volunteer coordinator is responsible for having volunteer position descriptions developed by the requesting DOH program or facility prior to recruitment. The Volunteer Position Description form (Exhibit B) may be used for this purpose.

3. Recruitment: The local volunteer coordinator has the overall responsibility for recruiting volunteers for their DOH program or facility. Recruitment shall reach all segments of the population without regard to age, sex, religion, creed, race, color, national origin, political opinion or affiliations, marital status, or handicap except when specific age or
physical requirements constitute a bona fide occupational qualification necessary to perform the tasks associated with the position. The regional volunteer coordinator may be consulted regarding strategies for recruitment.

4. **Application:** The local volunteer coordinator shall accept, review, and process all applications for volunteers.

   a. **Individual Volunteer:** An individual, who may be either a regular or occasional service volunteer, must complete a DOH Volunteer Enrollment Application (Exhibit C) and any additional documentation that is required of an employee holding a comparable position in the DOH entity.

   b. **Volunteer Groups:** A group of individuals that may or may not be associated with a formal recognized group or organization that volunteers for a one-time event, or an event of short duration, may be documented on the Volunteer Participation Roster (Exhibit D).

   c. **Emergency Event Volunteer:**

      (1) A pre-event volunteer (an individual agreeing to volunteer for emergency duties prior to an emergency event) is considered a regular service volunteer and is documented as an “individual volunteer.”

      (2) A post-event volunteer (an individual arriving at a DOH facility after an event has taken place) may include a health care provider or administrative and support personnel. It is recommended that blank volunteer application packages be included in the DOH emergency response plan. The volunteer packages should include a completed job description for all positions possibly filled by volunteers, a blank application, and any other pertinent information the DOH entity may deem necessary to identify and employ a volunteer.
(a) The local volunteer coordinator will provide the volunteer with a job description and have the volunteer complete the Volunteer Enrollment Application. This will ensure that the volunteer will receive the appropriate benefits in accordance with Section 110.504, F.S.

(b) Time and resource limitations may dictate that the DOH entity exercise its option to waive the background screening requirements of a volunteer.

(c) The license status of all health care providers shall be verified prior to assigning the volunteer to a direct care position.

5. **Interview:** The local volunteer coordinator will interview each individual applicant to determine the appropriate placement and duties of the volunteer. The results of the interview will be documented in the appropriate section on the Volunteer Enrollment Application.

6. **Determination of Eligibility:** The local volunteer coordinator and supervisor of the position must consider the protection and welfare of the individuals served by the department when determining eligibility for a volunteer applicant. It is the responsibility of the supervisor, with input from the local volunteer coordinator, to determine whether an applicant is eligible for a specific position or activity.

7. **Screening:** Depending on the position and DOH’s Background Screening Policy, the volunteer’s supervisor will determine the level of screening required for the position being filled by a volunteer. The local volunteer coordinator will ensure the appropriate screening is completed.

   a. All individual applicants, regardless of placement, must provide at least two personal references. These personal references can be documented via a telephone conversation or in writing on the Volunteer Personal Reference Questionnaire (Exhibit E). The responses shall be maintained in the volunteer’s personnel file.

   b. The local volunteer coordinator will verify the status of a volunteer health care professional’s license, certificate, permit, or registration by searching the DOH website and other relevant records for any disciplinary actions that may affect license status. If it is determined there are issues with a provider’s license, certificate, permit, or registration, the director/administrator of the DOH entity shall determine the eligibility of the potential volunteer.
8. **Orientation:** The local volunteer coordinator will arrange for an orientation for each volunteer. Upon completion of orientation, the local volunteer coordinator will document the completion date on the volunteer’s enrollment application. The training will include, at a minimum:

a. Acquainting the volunteer with the department mission, information security policies, general service areas, and the volunteer’s rights and responsibilities.

b. Volunteer benefits under Section 110.504, F.S., shall be explained.

9. **Identification Badges:** The local volunteer coordinator will ensure that volunteers are issued a volunteer identification badge at the time of placement if the DOH entity requires identification badges. The badge must specifically identify the individual as a volunteer. Preprinted volunteer identification badges should be a part of the local volunteer coordinator’s emergency response plan.

10. **Placement:** The local volunteer coordinator and supervisor associated with the placement will determine if the volunteer’s knowledge, skills, and abilities match the needs described in the needs assessment and job description. The volunteer may provide either direct or indirect services to clients served by DOH. Such services may include any service that is provided by regular paid employees of DOH. The volunteer may be placed in a position only after all required documentation and training has been completed.

11. **Tracking System:** The local volunteer coordinator has the responsibility to track a volunteer using a system that includes the following information: where a volunteer is assigned; date activated; date deactivated; skills; contact information; and any other information that will assist with locating a volunteer and ensuring that a volunteer is covered for liability and reimbursement purposes.

C. **Volunteer Supervision**

1. **Training:** A volunteer shall be given the same training opportunities as those offered to paid staff who perform similar tasks. If required, after placement of a volunteer, the supervisor shall provide training that enables the volunteer to perform the duties specified in the job description.
2. **Code of Ethics:** The same standards of conduct that apply to paid employees shall also apply to a volunteer. The volunteer should receive a copy of DOH’s employee Code of Ethics and (DOHP 60-30-04) or be given access to the document on the department’s intranet.

3. **Time Sheets:** The accurate accounting of a volunteer’s time donated in a DOH facility is required and must be documented as a permanent record. The Volunteer Time Sheet (Exhibit F), or an equivalent, may be used to document the volunteer’s hours of service. The supervisor should forward each volunteer’s time sheet(s) to the local volunteer coordinator quarterly.

4. **Reassignment:** At the request of the volunteer or the volunteer’s supervisor, a volunteer may be assigned to another position. The local volunteer coordinator will assist with the reassignment.

5. **Reactivation:** A supervisor or the local volunteer coordinator may reactivate a previously placed volunteer if a volunteer wishes to return after being inactive, and the volunteer was not terminated due to inappropriate behavior or unsatisfactory performance.

6. **Termination:** If termination occurs, the supervisor shall notify the local volunteer coordinator by completing the Volunteer Notice of Termination (Exhibit G). If a volunteer is terminated from one position, the volunteer may still be eligible to fill another position in the department. Approval to continue participation is at the discretion of the director/administrator of the DOH entity. Termination shall occur if:

   a. The assigned activities are completed.

   b. A volunteer’s performance is unsatisfactory and the supervisor concludes that consultation or additional training will not result in improved performance.

   c. A volunteer has become unreliable.

   d. A volunteer violated a DOH rule, regulation, policy, or other applicable state or federal law.

   e. A volunteer requests termination.
D. Volunteer Recognition

1. **Responsibility:** The local volunteer coordinator is responsible for ensuring that volunteers are recognized. Each DOH entity should recognize its volunteers at least on an annual basis.

2. **Publicity:** Publicity in connection with volunteer recognition is encouraged. This may include DOH publications, in public print media, or in public broadcast media. Communications with the media must be in accordance with the DOH “Office of Communications Media Guide,” which is available on the DOH intranet.

3. **Activities:** Activities for volunteer recognition may include awards programs, luncheons, banquets, or other types of recognition events. Funding for volunteer recognition events is not an authorized expenditure for DOH entities. Funding for these activities can come from outside sources.

4. **Awards:** Section 110.503(5), F.S. provides for awards to volunteers. The section authorizes the expenditure of up to $100 for suitable framed certificates, plaques, or other tokens of recognition to honor, reward, or encourage volunteers for their service. Funding for awards will be the responsibility of the sponsoring DOH entity.

E. Donations

1. **Authority and Responsibility:** The employee, who may be the local volunteer coordinator, who is designated in a DOH entity to process donations is responsible for accepting, recording, and accounting for all donations.

2. **Procurement:** The designated employee is authorized to procure donations from the general public on behalf of DOH clients and volunteers.

3. **Acceptance:** The value of any donation is established by the donor. In cases where the donor does not assess the value, the designated staff shall determine the value.

4. **Recording:** The designated employee is responsible for documenting all donations. The donor will be provided with a receipt, and a copy of the
receipt being retained by the DOH entity. The Volunteer Donor Receipt (Exhibit H), or an equivalent, may be used for this purpose. Donated items, including cash, shall be documented on the Volunteer Donation Log (Exhibit I).

5. **Utilization:** The disbursement of donations will be handled in a manner consistent with the needs of the individuals and communities served by the department. When donated items are not used locally, the items may be redistributed to the following entities:

   a. Other DOH sites within the area.

   b. Community nonprofit organizations assisting individuals served by DOH entities.

   All disbursements/dispositions shall be documented on the Volunteer Donation Log (Exhibit I) and the records retained for three years.

F. **Records and Forms**

1. **Files:** The local volunteer coordinator shall compile and maintain a personnel file on each volunteer. The volunteer personnel file shall be maintained for three years after the volunteer terminates participation.

   a. **Regular Service Volunteer:** The personnel file for an individual performing as a regular service volunteer shall contain at a minimum:

   (1) Volunteer Enrollment Application – (Exhibit C).

   (2) Volunteer Position Description (Exhibit B).

   (3) Two Volunteer Personal References (Exhibit E).

   (4) Background screening documentation, as applicable, in accordance with DOHP 60-5-99.

   (5) Volunteer Time Sheet (Exhibit F) or an equivalent form.

   (6) Teen Volunteer Parental Permission (Exhibit L), if the volunteer is a teen.

   (7) Any additional documentation requirements for the position the volunteer will be assigned to.
b. **Occasional Service Volunteer**: Files for an occasional service volunteer shall contain at a minimum:

1. Volunteer Enrollment Application (Exhibit C).
2. Volunteer Position Description (Exhibit B).
3. Volunteer Time Sheet (Exhibit F) or an equivalent form.

**Use of Volunteer Participation Roster (Exhibit D) for one-time events.** If a DOH entity uses multiple volunteers for a one-time event of short duration, such as health fairs, immunization clinics, or health screenings, the Volunteer Participation Roster may be used in lieu of individual applications. The DOH employee or volunteer supervising the event will complete the form. If a volunteer is designated as the supervisor of an event, that volunteer must complete the documentation required for a regular-service volunteer.

c. **Other Forms**: Other forms and information may be included in the volunteer’s personnel file according to a specific need or policy as applicable.

2. **Forms and Use of Substitute Forms**: Information on the enclosed volunteer forms is approved in accordance with the policies and procedures of the department and cannot be modified without approval of the department’s “forms committee.” Some forms, as noted in this policies and procedures manual, may be substituted by the DOH entity, providing they contain, at a minimum, equivalent information. All forms can be reproduced locally or are available from the regional volunteer coordinator. The following is a list of the required forms and sample forms for which an equivalent may be used:

a. **Required Forms**:

1. Volunteer Needs Assessment Tool – DH 1144 (Exhibit A).
2. Volunteer Enrollment Application – DH 1474 (Exhibit C).
3. Volunteer Position Description – DH 1493 (Exhibit B).
G. Monitoring and Reporting

1. Monitoring: The local volunteer coordinator shall monitor the program through the review of files, the documentation of data, and maintaining liaison with the supervisors of volunteers.

2. Reporting:

   a. The local volunteer coordinator is responsible for keeping document donated goods and services from DOH volunteers. The local volunteer coordinator shall maintain a summary, on a quarterly basis, of the number of volunteers, donated hours, and value of service and donations contributed to the DOH entity. The regional volunteer coordinator may request a copy of the quarterly report from the local volunteer coordinator. An annual report of all activities donated by volunteers shall be provided to the regional volunteer coordinator by August 1 of each year. The quarterly and annual reports will be documented on the Chapter 110 Volunteer Program Annual Report (Exhibit K).

   b. The regional volunteer coordinator shall compile annual data received from the local volunteer coordinators and report all volunteer activities to the director of the VHS Program by September 1 of each year. The data and information from DOH entities shall be reported as requested by the director of the VHS Program.
VIII. Distribution List

Deputies
Executive Office Directors
Division Directors
Bureau Chiefs
County Health Department Directors/Administrators
Children’s Medical Services Medical Directors
Children’s Medical Services Nursing Directors
Policy and Procedures Library
Web Manager

IX. History Notes: This policy supersedes “Chapter 110, Florida Statutes Volunteer Services Program Operating Procedures,” dated 4/23/98.

X. Exhibits

XI. Appendices
This tool is designed to help you identify program or facility needs and to consider how they may be met through the use of volunteers. When completed, the CHD/CMS volunteer coordinator will assist you in determining how these needs may be met, partially or completely, through the use of volunteers.

NAME: ____________________________

PROGRAM/FACILITY: ____________________________

ADDRESS: ____________________________

CITY: ____________________________ STATE: ________ ZIP: __________

TELEPHONE: (____) ___________ SUNCOM: __________

Notwithstanding funding and staffing considerations, please answer these questions. (Be creative, yet realistic. Think in terms of specific tasks, length of activity, number of hours required, minimum skills necessary, etc.)

1. What services are you doing now that you would like to expand?

2. What needs do your clients have that are not presently being met?

3. What needs does your staff have that could be met by a volunteer?
VOLUNTEER POSITION DESCRIPTION

To be completed by requesting program, facility, or CHD/CMS volunteer coordinator.

DATE: ________________  SUPERVISOR: _______________________________________________________________________

POSITION TITLE: __________________________________________________________________________________________

LOCATION OF POSITION: _____________________________________________________________________________________

TIME COMMITMENT: ________________________________________________________________________________________

DURATION OF POSITION: _____________________________________________________________________________________

DUTIES: _________________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

QUALIFICATIONS: _________________________________________________________________________________________

__________________________________________________________________________________________

TRAINING: _____________________________________________________________________________________________

__________________________________________________________________________________________

WILL THIS POSITION REQUIRE BACKGROUND SCREENING?  YES _____  NO _____

CONTACT PERSON ______________________  TELEPHONE NUMBER ______________________

PROGRAM/FACILITY

ADDRESS ____________________________  CITY ____________________________  STATE ________  ZIP _______

DH 1493, 1005  Exhibit B
VOLUNTEER ENROLLMENT APPLICATION

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone Home Telephone Cell Phone

Email: _____________________________ Emergency Contact Telephone Number

What type of volunteer position are you interested in? __________________________

List any professional license, registration, or certificate you currently possess (include certificate/license number): __________________________

List any special skills, interests, or hobbies: __________________________

List any special considerations or needs: __________________________

List two personal references not related to you whom you have known for more than one year:

NAME ___________________________
ADDRESS ___________________________
CITY/STATE ZIP ___________________________
PHONE ___________________________

List your most recent volunteer or employment experience:

EMPLOYER COMPLETE MAILING ADDRESS TELEPHONE

JOB TITLE DATES OF VOLUNTEER/EMPLOYMENT

Specify the days and time frames you are available to volunteer: __________________________

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Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?
Yes _____ No _____ If answer is yes, please explain (including types of offenses and dates):

DH 1474, 10/05
Exhibit C Page 1
It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

_________________________________  __/__/____
Signature                                  Date

INTERVIEWER’S COMMENTS
(For Agency Use Only)

Date of Interview:  __/__/____  Interviewer’s Name: __________________________

_______________________________________________

Screening Required: Yes _____  No _____  Date Screening Completed: __________

Date Orientation Completed: _________________

WORK ASSIGNMENT
(For Agency Use Only)

Program  Location

Supervisor  Date of Placement

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.
VOLUNTEER PARTICIPATION ROSTER

Event, Program, or Project: 

Date of Event: 

Name of Participating Group/Organization: 

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Telephone Number: 

Contact Person: 

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Date Trained on Responsibilities: ________________________________

Date of License Verification: ________________________________

DOH Supervisor’s Signature: ________________________________

DOH Supervisor’s Name Printed: ________________________________

Title: ________________________________ Date: ________________
As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? ________________________________

2. To your knowledge, has the applicant ever been convicted of a crime? ____________

3. Do you consider him/her to be of good moral character? If no, please explain. ________

4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _________ If yes, please explain: ________________________________

5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? ________________________________

6. Do you have any additional comments concerning the applicant’s character or reliability?

7. What is your relationship to the applicant? ________________________________

Reference Signature __________________________ Name (please print) __________________________

Address __________________________ Telephone __________________________

City State Zip

Thank you for your time.

Upon completion, please return this form to: ________________________________

Exhibit E
VOLUNTEER TIME SHEET

Quarter: ____________________ DOH Entity: ____________________

Program/Facility: _______________________________________________________

Name: _________________________________________________________________

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TOTAL NUMBERS OF HOURS WORKED: __________________________________________

SUPERVISOR’S SIGNATURE: _______________________________________________

SUPERVISOR’S NAME PRINTED: _____________________________________________
VOLUNTEER NOTICE OF TERMINATION

This is to serve as official notice that ____________________________ (Name of Volunteer),
serving as a ____________________________, has been terminated
as a volunteer for the ____________________________ on ____________.

(Name of Program/Facility) (Date)

Reason for Termination: (circle one)

A. Completed Assignment B. Resignation
C. Unsatisfactory Performance D. Non-Compliance of Departmental Rules
E. Other ____________________________

(Signature of Volunteer’s Supervisor)

COMMENTS: ________________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Comments

(For CHD/CMS Volunteer Coordinator Use Only)

(Please return to the CHD/CMS volunteer coordinator within seven (7) days of termination.)
VOLUNTEER DONOR RECEIPT

DATE: ___________________________ RECEIPT #: _______________________

NAME OF DONOR: _______________________________________________________

ADDRESS: _____________________________________________________________

CITY: __________________________ STATE: _______ ZIP: _________________

TELEPHONE NUMBER: ___________________________________________________

<table>
<thead>
<tr>
<th>ITEMS DONATED</th>
<th>VALUE</th>
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TOTAL VALUE: $________________

DONOR DISPOSITION REQUEST: _____________________________________________

_______________________________________________________________________

_______________________________________________________________________

NAME OF PERSONNEL ACCEPTING DONATION: ________________________________

SIGNATURE OF PERSONNEL: _____________________________________________

PROGRAM/FACILITY: ___________________________________________________

ADDRESS: ____________________________________________________________

CITY: __________________________ STATE: _______ ZIP: _________________

TELEPHONE: (____) ______________________SUNCOM: _____________________

COPY TO BE GIVEN TO CHD/CMS VOLUNTEER COORDINATOR UPON RECEIPT
VOLUNTEER DONATION LOG

Month/Year: ___________________________ Program/Facility: ___________________________

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Donor’s Name</th>
<th>Description of Donation</th>
<th>Assigned Value</th>
<th>Receipt Number</th>
<th>Receiving Personnel Name and Program/Facility</th>
<th>Disposition</th>
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(Continued on Page 2)
# VOLUNTEER DONATION LOG

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Donor’s Name</th>
<th>Description of Donation</th>
<th>Assigned Value</th>
<th>Receipt Number</th>
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Maintain for 3 years from date of last entry.
I, ____________________________, hereby grant permission to the Department of Health to obtain information from local and state law enforcement agencies to help determine my suitability to serve as a Department of Health volunteer. I understand that if the records check shows any violations committed or other information about my background that would indicate unsuitability or a risk, I may not be accepted into the Department of Health Volunteer Program.

Social Security Number ____________________________ Date of Birth ____________________________

Race/Sex ____________________________

Complete Address ____________________________ City ____________________________ State ____________________________ Zip ____________________________

Signature ____________________________ Date ____________________________
** Value of Licensed Professional Service should be the standard fee for services charged for that professional category.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>TOTAL VALUE OF SERVICES, AND DONATIONS (A+B+ C =)</th>
</tr>
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<tbody>
<tr>
<td>Physicians $250.00/hr at clinic</td>
<td>$ 75.00/hr</td>
<td>Respiratory Therapists $ 40.00/hr</td>
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<tr>
<td>Dentists $200.00/hr</td>
<td>$ 35.00/hr</td>
<td>Pharmacists $ 50.00/hr</td>
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<tr>
<td>Chiropractors $90.00/hr</td>
<td>$ 25.00/hr</td>
<td>Clinical Social Workers $ 50.00/hr</td>
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<td>Optometrists $ 50.00/hr</td>
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<tr>
<td>Dental Technicians, Medical Technicians, HIV Counselors, Support staff, etc.</td>
<td>$ 20.25</td>
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</tbody>
</table>
I, ________________________________, grant permission for my child, ________________________________, to work as a volunteer for the Department of Health. I understand my child will be directly supervised by Department of Health staff and will work less than 40 hours per week.

In case of emergency, please contact:

Name: ________________________________ Relationship: ________________________________
Address, City, State & Zip: ________________________________
Home Telephone: ____________________ Work Telephone: ____________________
Cell Phone: ____________________

Signature of Parent or Guardian ____________________ Date ____________________
Chapter 110, Florida Statutes - 110.501-504

110.501 Definitions.--As used in this act:

(1) "Volunteer" means any person who, of his or her own free will, provides goods or services, or conveys an interest in or otherwise consents to the use of real property pursuant to ss. 260.011-260.018, to any state department or agency, or nonprofit organization, with no monetary or material compensation. A person registered and serving in Older American Volunteer Programs authorized by the Domestic Volunteer Service Act of 1973, as amended (Pub. L. No. 93-113), shall also be defined as a volunteer and shall incur no civil liability as provided by s. 768.1355. A volunteer shall be eligible for payment of volunteer benefits as specified in Pub. L. No. 93-113, this section, and s. 430.204.

(2) "Regular service volunteer" means any person engaged in specific voluntary service activities on an ongoing or continuous basis.

(3) "Occasional-service volunteer" means any person who offers to provide a one-time or occasional voluntary service.

(4) "Material donor" means any person who provides funds, materials, employment, or opportunities for clients of state departments or agencies, without monetary or material compensation.

History.--s. 1, ch. 78-263; s. 24, ch. 79-190; s. 2, ch. 89-294; s. 671, ch. 95-147; s. 40, ch. 95-418; s. 47, ch. 96-399; s. 2, ch. 98-336.

Note.--Former s. 112.901.

110.502 Scope of act; status of volunteers

(1) Every state department or state agency, through the head of the department or agency, secretary of the department, or executive director of the department, is authorized to recruit, train, and accept, without regard to requirements of the State Career Service System as set forth in part II of this chapter, the services of volunteers, including regular service volunteers, occasional-service volunteers, or material donors, to assist in programs administered by the department or agency.

(2) Volunteers recruited, trained, or accepted by any state department or agency shall not be subject to any provisions of law relating to state employment, to any collective bargaining agreement between the state and any employees' association or union, or to any laws relating to hours of work, rates of compensation, leave time, and employee benefits, except those consistent with s. 110.504. However, all volunteers shall comply with applicable department or agency rules.

(3) Every department or agency utilizing the services of volunteers is hereby authorized to provide such incidental reimbursement or benefit consistent with the provisions of s. 110.504, including transportation costs, lodging, and subsistence, recognition, and other accommodations as the department or agency deems necessary to assist, recognize, reward, or encourage volunteers in performing their functions. No department or agency shall expend or authorize an expenditure therefor in excess of the amount provided for to the department or agency by appropriation in any fiscal year.

(4) Persons working with state agencies pursuant to this part shall be considered as unpaid independent volunteers and shall not be entitled to unemployment compensation.

History.--s. 2, ch. 78-263; s. 24, ch. 79-190; s. 48, ch. 96-399.

Note.--Former S. 112.902.  Appendix 1
110.503 Responsibilities of departments and agencies.

Each department or agency utilizing the services of volunteers shall:

(1) Take such actions as are necessary and appropriate to develop meaningful opportunities for volunteers involved in state-administered programs.

(2) Comply with the uniform rules adopted by the Department of Management Services governing the recruitment, screening, training, responsibility, use, and supervision of volunteers.

(3) Take such actions as are necessary to ensure that volunteers understand their duties and responsibilities.

(4) Take such actions as are necessary and appropriate to ensure a receptive climate for citizen volunteers.

(5) Provide for the recognition of volunteers who have offered continuous and outstanding service to state-administered programs. Each department or agency using the services of volunteers is authorized to incur expenditures not to exceed $100 each plus applicable taxes for suitable framed certificates, plaques, or other tokens of recognition to honor, reward, or encourage volunteers for their service.

(6) Recognize prior volunteer service as partial fulfillment of state employment requirements for training and experience pursuant to rules adopted by the Department of Management Services.

History.--s. 3, ch. 78-263; s. 24, ch. 79-190; s. 38, ch. 92-279; s. 55, ch. 92-326; s. 42, ch. 96-399; s. 13, ch. 99-399.

Note.--Former s. 112.903.

110.504 Volunteer Benefits

(1) Meals may be furnished without charge to regular service volunteers serving state departments, provided the scheduled assignment extends over an established meal period, and to occasional service volunteers at the discretion of the department head. No department shall expend or authorize any expenditure in excess of the amount provided for by appropriation in any fiscal year.

(2) Lodging, if available, may be furnished temporarily, in case of a department emergency, at no charge to regular service volunteers.

(3) Transportation reimbursement may be furnished those volunteers whose presence is determined to be necessary to the department. Volunteers may utilize state vehicles in the performance of department-related duties. No department shall expend or authorize an expenditure in excess of the amount appropriated in any fiscal year.

(4) Volunteers shall be covered by state liability protection in accordance with the definition of a volunteer and the provisions of s. 768.28.

(5) Volunteers shall be covered by workers' compensation in accordance with chapter 440.
(6) Incidental recognition benefits or incidental nonmonetary awards may be furnished to volunteers serving in state departments to award, recognize, or encourage volunteers for their service. The awards may not cost in excess of $100 each plus applicable taxes.

(7) Volunteers, including volunteers receiving a stipend as provided by the Domestic Service Volunteer Act of 1973, as amended (Pub. L. No. 93-113), shall be covered by s. 768-13.55., the Florida Volunteer Protection Act.

History.--s. 4, ch. 78-263; s. 24, ch. 79-190; s. 8, ch. 83-159; s. 49, ch. 96-399; s. 14, ch. 99-399.

Note.--Former s. 112.904.
60L-33.006 Volunteers.

(1) Agencies shall determine appropriate duties, if any, for volunteers. Agencies may conduct programs to increase agency and public awareness regarding the importance of volunteers to the goals and operation of the agency. Such programs may include awards and other forms of recognition to demonstrate appreciation for volunteer service.

(2) A state employee whose primary employment consists of duties and responsibilities similar to those associated with the volunteer activities may not be considered for volunteer work if such work would require payment for overtime in accordance with the FLSA.

(3) Agencies may conduct recruitment campaigns to attract suitable volunteers to meet agency needs. Agencies shall conduct screening appropriate to the needs of the volunteer position.

(4) Agencies shall make available to volunteers information regarding the duties and responsibilities of the volunteer position. Agencies shall supervise volunteers toward accomplishing the needs of the unit to which they are assigned.

Specific Authority 110.1055, 110.201(1), 110.503(2) FS. Law Implemented 110.503 FS. History–New 1-1-02.