



625 O'FARRELL STREET
SAN FRANCISCO, CA 94109
415-749-6714 FAX 749-6706
P.O. BOX 811, OAKLAND, CA 94604

BAHSES MEMORANDUM



July 7, 1992

TO: Randy Miller, Program Coordinator, EACH
FR: Lee X. Woo, Executive Director
RE: JOHN BRISBANE WORKING AT BAHSES

I am requesting that John Brisbane, BAHSES' Treatment Advocate, be assigned to spend 50% of his time at BAHSES.

Currently we do not have a working relationship with John Brisbane who is our EACH representative. The transportation service provided by us has caused an increasing need to case manage our clients as well handle general information and referrals. This, coupled with the coordinated need for agency outreach in the African American and Tenderlion communities, would be of great value to our clients.

I would like to have John's transfer to BAHSES Support Services effective August 15, 1992. If you have any questions, please give me a call.

cc: Mike Brunetti, Support Services
John Brisbane
Personnel file

114015/523010/523085/523095/511120





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July 22, 1992

Samuel J. Hart
366 Staten Ave. #302
Oakland, CA 94610

Dear Samuel:

Thank you for expressing an interest in potentially becoming an East Bay volunteer for the Bay Area HIV Support and Education Services (BAHSES). It is exciting to know that you are considering utilizing your skills and talents towards the fight against HIV in our communities.

At this time, I am cordially inviting you to attend our BAHSES East Bay Volunteer Orientation. This orientation will be held on August 15, 1992 for 12 AM - 3 PM at 250 East 12th Street, #105 in Oakland, California. Snacks and refreshments will be provided.

This orientation will help to familiarize you with volunteer opportunities available in our Education Department and Support Services Department for both Oakland and San Francisco.

If you or someone you know is interested in attending this orientation, give me a call at 415/749-6714. If I am not available, please leave me a message to let me know if you and/or a friend will attend. Also, let me know if I have misspelled your name.

Again, thank you for expressing an interest in BAHSES. We anticipate your experience as a BAHSES volunteer will be a more rewarding one. I look forward to seeing you at the orientation.

Sincerely,

C. "Michael" Sullivan
Program Assistant-Education/Outreach

cc: Gary Harmon

222005/523010/532010/532070



A PROJECT OF BLACK & WHITE MEN TOGETHER / MEN OF ALL COLORS TOGETHER

MEETING OF 15 JUNE 1988
BWMT-SFBA SUPPORT TEAM

DRAFT

The BWMT-SFBA Aids Task Force Support activities are to replace or replicate existing aids and community services. The support activities are to be an informational resource in some cases and direct support in others. The activities are divided into the following areas:

- o Emotional Support to HIV+, ARC AND PWA.
- o Emotional Support for friends, lovers and family members.
- o Direct Support Services to terminally ill members and immediate household members.
- o Advocacy service for members who are having problems obtaining services, aid, etc.

It is recognized that BWMT-SFBA is not trying to duplicate these services, but to bridge the gap in resource information exchange. This would allow the member and other agencies to obtain AIDS information from a central organizational resource. On the other hand if these services are not available, ^{BWMT} would create this service if there are enough volunteers to provide adequate service.

Action items:

- o BWMT-SFBA will develop a Resource Guide for its AIDS Task Force members. Outline to be forward to Ron for review and comments.
- o Review Shandi's Resource booklet.
- o Trinity Church is publishing a brochure regarding AIDS resources. Ron to obtain a copy.
- o Develop funds or funding source to purchase emergency food and medical supplies. (Allocate approximately \$150.00 per case)
- o Conduct an In-service for one of the AIDS Task Force Rap events suggested title: "What is BWMT-SFBA doing about AIDS in our community."

BLACK AND WHITE MEN TOGETHER - SAN FRANCISCO BAY AREA

AIDS TASK FORCE

AIDS SUPPORT SURVIVAL

PROGRAM

"AIDS is a Manageable Disease"

June 14, 1989

PROGRAM PURPOSE:

The purpose of this program is to provide a process by which an individual infected with the HIV virus can work through their AIDS issues and crisis from the point they are tested positive or diagnosis to returning to a proactive, productive action plan for living.

The quality of the program and its results will depend on the investment and commitment made by the participating individual. We are not guaranteeing that the positive HIV will become negative or that the AIDS diagnosis will change. It is hoped we can build on your accomplishments and provide a passage to new levels of fulfillment and enrichment of your life. The passage will be a journey over rivers of tears, around the forest of lost dreams and bitter memories, and through the valleys of despair, denial, hate, and depression. It is hoped after exploring the current events in your life during the next several weeks, you will see you are a vital part of life with much to offer others and a future for yourself.

We will go through the three major modules over a period of twenty to twenty-one weeks. (Five weeks for Module I, fifteen to sixteen weeks for Module II, and Module III is on-going Group supported) Whenever the process becomes too painful, you are free to leave. However, we recognize that this can be and is a difficult process of awareness and self-actualization. We feel the best benefits of this support program can be achieved by your participation. The choice is yours, now or later the journey must be made to bring back meaning to your life.

MODULE I. Support Group 101

SESSION I. - Support Group 101

Week 1

TITLE: Getting together.

Section 1. Orientation, Program overview and outline and expectation

- o Trust
- o Bonding
- o Confidentiality

Section 2. Administrative and housekeeping information

Section 3. Social

Week 2
(Free Forum)

SESSION II. - Support Group 101a

TITLE: Dealing with the infection

Section 1 -

Section 2. Round table discussion - how do you feel about yourself.

Week 3

Section 3. Dealing with your feelings.

Week 4

Section 4. Where do I go from here or where do I want to go?

Section 5. Buddy Support System (BSS) Program

- o Prepare telephone list of participants and their respective buddy assignments. (Lottery Drawing)

Week 5

SESSION III - Support Group 101b

TITLE: Closure (Pot Luck)

Section 1. Review

Section 2. Accomplishments and achievements

Section 3. How do you feel about yourself? Have you learned anything about your feelings and how to deal with them?

Section 4. Commitment to the Buddy Support System (BSS)

- o Information on Module II Support Group

Section 5. Module I Evaluation.

Week 1

MODULE II. Support Group 200

Session I - AIDS 101

TITLE: History of the virus

Section 1. What is AIDS?

- o History
- o Epidemiology

Section 2. How did I get AIDS?

- o Methods of Transmission

Section 3. AIDS Prevention.

Week 2/3

SESSION II - AIDS 200

TITLE: Why Me? (Self-guilt)

Section 1. Dealing with self and ownership of feelings.

- o Depression
- o Anger
- o Hate
- o Blame
- o Confusion
- o Self-image
- o Fear

- o Abandonment
- o Lonely
- o Betrayal of trust and security
- o Love

Week 3/4

Section 2. Mourning a passing of a way of life and living.

- o What I enjoy doing before
- o You can still live life

Week 4/5

SESSION III - Social Impact

TITLE: Who do I tell? When, How! How will with affect my relationships?

Section 1. People I can tell or not tell.

- o Family
- o Friends
- o Lover
- o Co-workers

Week 5/6

Section 2. Relationship

- o Self
- o Close Relationship
- o Others

Week 6/7

SESSION IV -

TITLE: Sorting through the issues

Section 1. What are my priorities?

Section 2. What are my needs now?

Section 3. What are my resources?

Week 7/8

Section 4. What are my legal rights?

Section 5. What are my legal responsibilities?

Week 8/9

Session V.

TITLE: In touch with myself and others

Section 1. Looking at self and others.

- o Establish self identity

Section 2. Non-sexual touching of self and others

Section 3. Dealing with stress in your life

Section 4. Mutual massage

Week 9/10

Section 5. Communication - Your Needs

- o Clear and concise
- o Active listening

Section 6. Risk taking exercises

- o Establishing new friends and support systems
- o Family relationships
- o Work relationships

Week 10/11
(Free Forum)

Section 7. Discussion of self and feelings

Week 11/12

Session VI

TITLE: Future Planning

Section 1. Why think about the future?

Section 2. You are still in control

Section 3. Positive thinking about self worth and what you have to share/offer

Week 12/13

(Writing Exercise Section)

Section 4. Proactive Thinking

- o New life and new hopes

Section 5. Planning Future Event(s)

Week 13/14

Section 6. Life Style Changes

- o Diet
- o Stress
- o Exercise
- o Relationship(s)

Week 14/15

Section 7. Available Treatments and alternatives

Week 15/16

SESSION VII

TITLE: End of Passage - Graduation Celebration

Section 1. Summarization of Module II

Section 2. A renewed start - Your days are in **YOUR** control.

Section 3. Module II Evaluation.

On-Going Program

MODULE III. SUPPORT GROUP 300

SESSION I - Follow-up

Section 1. Check in with buddy at least once a week

Section 2. Check in with Group Leader at least once a month

Section 3. Attend follow-up group reaffirmation and progress meeting once every two months

Section 4. Whenever there is a problems check in with your buddy, members of your group or your Group leader.

Group Facilitated Activity

SESSION II - Personal Care

Section 1. Dietary

- o Cooking Classes

Section 2. Home Maintenance

Section 3. Rights

Section 4. Legal Responsibilities

Section 5. Quality of Life

Section 6. Social Events and Activities

Section 7. Module III and Program Evaluation



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BAHSES MEMORANDUM

March 6, 1992

TO: BAHSES Staff

FR: Lee Y. Woo

RE: AGENCY WORKSHOPS

All workshops that are developed, not matter how small, are to be coded and filed in the appropriate program file. Regardless of the slight changes from an established workshop, the modified workshops need to be documented and filed.

A copy of the workshop needs to be filed in a workshop manual and will be maintained by the Agency Administrative Assistants.

511010/521010/523010



A PROJECT OF BLACK & WHITE MEN TOGETHER / MEN OF ALL COLORS TOGETHER

ELEMENTS OF A SUCCESSFUL VOLUNTEER PROGRAM

PLANNING

Planning is the key to success in all administrative responsibilities, and volunteer management is no exception. But planning for volunteers includes several unique actions, including the need to determine:

- exactly why volunteers are wanted;
- exactly what volunteers are expected to do;
- what resources will be necessary to support volunteers, including requirements for space, equipment, furniture and supplies;
- who will provide training and ongoing supervision of volunteers—and what preparation these key people will need;
- how many hours of work it will take to accomplish the task (not how many people).

2. VOLUNTEER JOB DESCRIPTIONS

If an assignment cannot be described in writing, it probably isn't a job. To assure effective utilization of volunteers, it is necessary to define the work to be done with as many specifics as possible. Volunteer job descriptions should, at a minimum, define: a title for the position; the purpose/rationale of the assignment; the scope of the work to be done (giving both the potentials and limits of the job); training and supervision plan; and timeframes necessary.

3. RECRUITMENT/PUBLIC RELATIONS

"Public relations" is what is necessary to make an organization visible to the public. If people do not know what a program is or does, they are hardly likely to volunteer to join it. "Recruitment" is the process of encouraging people to give their time and energy to the organization. The best recruitment is targeted to the audiences most likely to have the skills and interests to match the available volunteer job descriptions.

4. SCREENING AND SELECTION

Many supervision and management problems can be prevented by effective initial interviewing of prospective volunteers. Also, the process of matching a new volunteer with the most appropriate assignment is key to assure ongoing motivation. The screening and selection period is the time to discuss expectations on both sides and to begin to set standards.

5. ORIENTATION

Orientation is the overview of the total organization necessary for every volunteer, regardless of specific assignment. It places the work into context and allows for consistent introduction of policies, procedures, rights and responsibilities.

6. TRAINING

Training is individualized and should vary with the demands of each specific job description and the background each volunteer brings to the organization. There is the need for initial, start-up training, plus the need for ongoing, in-service training. Much "training" is really the giving of good instructions, and often is integrated into the overall supervision plan.

SUPERVISION

As with salaried staff, volunteer staff need support from those in a position to see the total picture and who know what work needs to be done. For volunteers, however, a key aspect of supervision is access to someone in charge during the time the volunteer is on duty.

8. RECOGNITION

Recognition is one way to "pay" volunteers for their efforts, but it has many nuances. If there are an annual dinner and certificates, but no daily support, recognition can speak with "forked tongue." While formalized thank you events are important, informal recognition is more important. This includes everything from simple courtesy to including volunteers in staff meetings and decision-making. It is also part of recognition to offer constructive criticism, since such training implies a belief that the volunteer can do even better work.

9. COORDINATION

By definition, volunteers are part-time staff. A volunteer program can have people who work schedules ranging from one afternoon a week to four days a week; mornings and evenings; alternate Sundays; February off to go to Florida; July off to go camping—etc.! Add to this the diversity of the people who volunteer (all ages, backgrounds, physical conditions) and you end up with an amazing logistical challenge. A volunteer program must have a leader and that leader must be able to coordinate all the details of scheduling and assigning.

10. RECORDKEEPING AND REPORTING

If volunteers are important to the work of an organization, then it is important to know what volunteers are doing. Such documentation assists in recruitment, training, recognition, and fundraising (volunteer hours can be applied to in-kind match). For purposes of insurance and to back up the income tax deduction claims of volunteers, recordkeeping is also necessary. Once records are kept, they are of little meaning if they are not reported. Reports of cumulative achievements of volunteers should be shared routinely with volunteers themselves, as well as with administration or funding sources.

11. EVALUATION

It is a sin to waste the time of a volunteer. Therefore it is imperative that volunteer programs regularly evaluate the impact of services performed and whether those services are still necessary. Along with program evaluation, it is helpful to conduct individual performance review with volunteers, so as to maintain motivation and allow for personal growth.

12. VOLUNTEER/SALARIED STAFF RELATIONS

The interrelationship of volunteers and paid staff is the single biggest danger area, unless steps are taken early to encourage teamwork. There are numerous reasons why salaried staff is threatened by volunteers and also why volunteers are sometimes resistant to working with paid staff. This is a human relations issue with no easy answers, but it should be remembered that almost no professional/academic training program prepares salaried staff to work with volunteers. So some staff development on this topic is critical. It is also helpful to encourage paid staff to discuss their own, personal volunteer work outside of the organization, to break down the barriers of "us" and "them."

13. VOLUNTEER INPUT

Too many organizations want help, not input. Volunteers are in a position to observe the organization. They bring their hearts and hands, but also their brains and mouths. One benefit of having volunteers is that they can take more risks in criticizing or speaking out (they can also be effective advocates when they see things going well). But there must be a channel for this input or volunteers will either cause friction or leave. Also, having a clear way for volunteers to voice opinions develops their ownership of the volunteer program.

VOLUNTEER JOB DESIGN CONSIDERATIONS

WHAT NEEDS TO BE DONE?
=====

Continuous, ongoing
Short term
One time, one-shot

Individuals
Duos, Trios
Teams
Groups

Specialists
Generalists

Dealing with PEOPLE:

Dealing with THINGS:

Dealing with IDEAS:

Finding the right person for
the job

Designing the right job for
the person

VOLUNTEER JOB DESCRIPTION WORKSHEET

Position Title: _____ *(the word "volunteer" is a pay category, not a title!)*

Outline of responsibilities or list of tasks:
(give potential and limits)

Training Plan:

Who will supervise/be the contact point?

What reports will be expected, in what form, and how often?

Minimum hours per week/month? On any special schedule? For what duration of time?

How will you and the volunteer know the job is being done well?
(Translate these into "performance goals")

Qualifications needed?

Benefits to the volunteer?

WHY PEOPLE VOLUNTEER (just a few possible motivations):

TO FEEL NEEDED

TO SHARE A SKILL

TO GET TO KNOW A
COMMUNITY

TO HELP SOMEONE

BECAUSE A FAMILY MEMBER
OR FRIEND PRESSURED THEM

TO GAIN LEADERSHIP SKILLS

TO ACT OUT A FANTASY

TO DO ONE'S CIVIC DUTY

TO EARN ACADEMIC CREDIT

TO BE WITH PEOPLE WHO ARE
DIFFERENT THAN ONESELF

TO KEEP BUSY

THE AGENCY IS EASILY
ACCESSIBLE

TO DO SOMETHING WITH A
FRIEND OR FAMILY
MEMBER

TO FILL A GAP

TO DO ONE'S SHARE

TO SEE THAT RESOURCES
ARE WELL ALLOCATED

FOR RECOGNITION

TO MAKE NEW FRIENDS

TO EXPLORE A CAREER

TO DEMONSTRATE COMMITMENT
TO A CAUSE/BELIEF

TO HELP A FAMILY MEMBER

AS THERAPY

TO DO SOMETHING DIFFERENT
THAN ONE'S DAILY JOB

FOR FUN!!

FOR RELIGIOUS REASONS

TO KEEP SKILLS ALIVE

TO REPAY A DEBT

TO HAVE AN EXCUSE TO
DO SOMETHING ONE LOVES

TO DONATE ONE'S
PROFESSIONAL SKILLS

TO BE ABLE TO CRITICIZE
WITHOUT VESTED INTEREST

BECAUSE THERE IS NO ONE
ELSE TO DO IT

TO ASSURE PROGRESS

TO FEEL GOOD

TO HAVE AN IMPACT

TO BE PART OF A TEAM

TO LEARN SOMETHING NEW

TO GAIN STATUS

TO HAVE FREEDOM OF
SCHEDULE

BECAUSE THEY WERE ASKED

TO TEST THEMSELVES

FOR ESCAPE

TO BECOME AN "INSIDER"

TO BE AN AGENT OF CHANGE

BECAUSE OF ONE'S PERSONAL
EXPERIENCE WITH A CAUSE
OR PROBLEM

GUILT

BECAUSE OF INTEREST IN/
CONCERN FOR THE
PARTICULAR CLIENT GROUP

TO BE CHALLENGED

TO EXPERIMENT WITH NEW WAYS
OF DOING SOMETHING

AS AN ALTERNATIVE TO
GIVING MONEY

TO BE A WATCHDOG

TO FEEL PROUD

TO STAND UP AND BE COUNTED

★ KEY STEPS IN RECRUITING VOLUNTEERS ★

1. Be committed yourself to your organization's goals and to the value of the assignment you are recruiting for.
2. Know specifically what you are looking for:
 - volunteer job description
 - qualities and background of ideal volunteer
 - time commitment necessary
 - how this assignment fits into the organization as a whole.
3. Brainstorm potential sources of volunteers to fit these requirements.
4. Match your recruitment technique to fit these different sources.

WHEN YOU ARE FACE TO FACE WITH A PROSPECT:

5. State your needs openly and do not minimize such critical items as time commitment, etc. (Do not speak with forked tongue!)
6. Present the benefits of involvement as a volunteer. Emphasize what's in it for them.
7. Ask about previous volunteer work or knowledge of your organization. Listen for related experience (and build on it).
8. Deal with objections by hearing them out and responding with alternate proposals and other options for helping.
9. Be sure to have some printed material to leave with the person (sowing seeds) — and be sure your name and phone number are included.
10. Arrange for specific follow up.

★ REMEMBER: SINCERITY WINS OUT OVER TECHNIQUE EVERY TIME!!!



Special Note: One-to-one, word of mouth recruitment is terrific (especially if done by enthusiastic volunteers), but it does tend to keep a volunteer corps homogenous. If you want other age groups, races, backgrounds, skills, income levels, then you must actively recruit such people. This means getting out to where different people are and being willing to adapt some aspects of your program, when necessary.

A FEW TIPS ON MOTIVATING PEOPLE TO VOLUNTEER

- ** Be motivated yourself. Sincerity succeeds over technique every time.
- ** Be clear on what you want people to do. Use written job descriptions whenever possible so that you are telling the same thing in the same way to each potential volunteer.
- ** The more specific you can be, the better. If you ask: "Who wants to volunteer?"—how can someone decide on the basis of no information? On the other hand, if you ask: "Who wants to prepare for the legislative hearing next month?"—you allow people to self-screen their interests.
- ** Use titles for volunteer assignments. The word "volunteer" is a pay category, not a function! Would you apply for a job called "employee"?
- ** Do not speak with "forked tongue." Do not suck people into assignments by minimizing the work to do be done. Be careful of phrases like: "this will only take a few hours a month" or "try it for a while and then we'll see." If you need someone with availability several hours a week or for a full year, say so. It may take longer to find someone to say yes, but once you have that person you'll have the right person.
- ** Share deadlines. When does the work have to be finished? What are the internal deadlines prior to the final one?
- ** Define the training and supervision the person will have. Many people are cautious of being thrown in to sink or swim. If they believe they will have help while they learn the ropes, they may be more likely to give something a try. Also, it is reassuring to know that you do not expect them to start the job fully informed or trained.
- ** Identify and express the benefits to the volunteer from accomplishing the task. Every job has "pay-offs" and it is legitimate to discuss these openly. Volunteering does not have to be totally altruistic or martyring. In fact, the best volunteering is when the giver receives as much benefit as the recipient.
- ** Explain why you are approaching the particular person—what skills or personality traits he or she has that make them a good candidate for the position.
- ** Paint an upbeat picture of the work. Volunteering is a leisure time activity. You are not competing with salaried employment when you recruit volunteers; your competition is jogging and time with the kids! So the volunteer work should be fun at some level (and remember that everyone defines fun differently).
- ** Don't have mental conversations. The way to recruit volunteers is to ask people!



ASSURING TEAMWORK BETWEEN VOLUNTEERS AND SALARIED STAFF: The Vital Key To Success

by Susan Ellis, President, Energize

When budgets get cut but human service needs increase, agencies classically seek ways to "do more with less." The recruitment of volunteers is one solution and can be a successful way to extend an organization's ability to provide services. However, the subject of volunteers is too often approached simplistically, without thorough planning and preparation. The executive director has a key role to play in determining exactly what the function of volunteers will be, defining policy to support that function, and providing the necessary resources to make it all happen.

One area of potential tension is the interrelationship of the salaried staff to, and with, volunteer staff. Building teamwork requires attention. The biggest mistake that can be made is to assume everyone will work happily together because you are all "human service providers". In fact, *it is frequently social workers and other counseling professionals who are the worst offenders when it comes to working with volunteers!* This is because of prevalent attitudes about "professionalism", "confidentiality", and other client-related issues—and because of stereotypes about who volunteers and why. Few receive training to work with volunteers. That gap in education implies the subject is too easy or obvious to warrant much attention.

The following is a list of "food-for-thought" questions and statements about volunteer/salaried staff relations. As you read the list, recognize how many of the items relate to the need for a *philosophy* of voluntarism for each agency:

- Just because you're paranoid, it doesn't mean there isn't someone out to get you.
- In a political/economic climate of budget cutbacks, is it paranoia to be afraid that a successful volunteer might replace a paid staff member?
- When salaried staff are threatened by volunteers, how can we separate the real threats from the mythical ones?
- In this political/economic climate, can those of us in the volunteer community keep repeating the catechism: "volunteers supplement, not supplant"? Really? And why only "supplement"? How about "go forward independently" or "experiment"?
- Do organizations want volunteers for their extra hands, and hope

that they arrive blindfolded and gagged? Along with hearts and hands, volunteers also bring brains and mouths. Many organizations want "help" but not "input."

- Which is more threatening: volunteers who do a mediocre job or volunteers who are a roaring success?
- We are fond of saying that volunteers have no vested interest. But what happens when a volunteer has been on the job for several years—many years—or was an original founder of the group? Veteran volunteers can exhibit the same resistance to newcomer volunteers as can the salaried staff!
- The real test of an organization's commitment to volunteers is what happens when a volunteer does something wrong.
- How an organization treats the *leader* of volunteers is an indication of the prevailing attitude towards volunteers in that organization.
- Is it a matter of choice for each salaried staff member as to whether she/he works with volunteers? Why?
- Ask the salaried staff what *they* do *personally* as volunteers outside of the organization. Bet they never connected how they treat volunteers to how they like to be treated when they're volunteers.
- Why do we assume people know how to work with volunteers? No academic/professional training program includes volunteer program management in its curriculum. This means no one (not social workers, not nurses, not clergy, not military commanders, not anyone) learns about volunteers in any educational setting.
- The pay-offs to an individual salaried staff member for working collaboratively with volunteers are *not* the same as the benefits to the organization for having volunteers. So there better be some tangible pay-offs.
- Are salaried staff evaluated on how well they work with volunteers? Recognized for it?
- If an organization cannot articulate *why* it utilizes volunteers—beyond platitudes—it will always have tension between salaried and unsalaried staff.
- Most salaried staff see the job descriptions of volunteers. Why not show volunteers the job descriptions of the salaried staff?

- First, and foremost, relations between salaried and volunteer staff are human relations. So, all the usual personality quirks of human interaction apply.

Whether an organization is just starting to create a volunteer program or whether one has been in operation for years, it is never too late to define the why's and how's of volunteer involvement. At a minimum, the following points should be analyzed and determined:

1. **Leadership:** Exactly who will be responsible for volunteers? If this is not a full-time position, what present duties will be taken away from the designated staff member to free his/her time to handle volunteers? (Note: The job of creating and maintaining a volunteer program cannot be done as an addendum to another major job!)

2. **Budget:** Volunteers are not "free". Consideration must be given to the cost of printing (recruitment materials, forms, certificates), supplies (which increase when volunteers are active), training, and recognition. Also, up-to-date agencies are setting aside "enabling funds" to reimburse volunteers for out-of-pocket expenses such as transportation and child care.

3. **Training:** There are workshops and conferences focusing on the subject of volunteer management. Certainly the designated staff member should attend some of these, but thought should be given to encouraging other staff to attend as well.

4. **Volunteer Assignments:** There are no inherent restrictions on what volunteers can do to help an agency—provided that the right people are matched to the right positions. Creativity and a willingness to experiment are important. And all assignments should be put into writing as job descriptions, which will in turn help in recruitment, screening and ongoing supervision.

The executive director needs to consider these and other issues and should open a dialogue with salaried staff and volunteers to discuss the points raised. The subject of volunteers should be placed on the agenda of staff meetings and perhaps should even be the focus of a staff development workshop. The executive *sets the tone* for involvement of volunteers. Commitment starts at the top.

SPECIAL CONSIDERATIONS IN THE
SUPERVISION OF VOLUNTEERS

1. Wasting a volunteer's time is far worse than paying someone to have nothing meaningful to do.
2. Volunteers deserve clearly designated work space, including storage space for papers, supplies, and correspondence.
3. Volunteers need accessibility to a supervisor or someone who can answer questions during the volunteer's work shift or when s/he telephones from the field.
4. Supervising volunteers involves "instant accountability"—there is much less margin for mistreatment than with salaried staff.
5. Some socializing is appropriate as a demonstration of friendliness, without interfering with productivity.
6. The key to the best utilization of volunteers (who are part-time workers) is the task analysis of the work to be done; break jobs down into segments that can be accomplished in two to five hour shifts—and list instructions in sequence for doing each task.
7. Recognition—both thanks and acknowledgement of input—should be continuous.
8. Courtesy is a major form of recognition.
9. You can recognize the work of all good volunteers by taking action to correct the poor performance of some volunteers.
10. Create a self-fulfilling prophecy: expect the best, skilled performance from volunteers and see what happens.

THE BALANCE OF RIGHTS AND RESPONSIBILITIES BETWEEN VOLUNTEERS AND PAID STAFF

THE VOLUNTEER HAS

THE RIGHT TO:

1. a job that is worthwhile and challenging
2. be trusted with necessary confidential information
3. be kept informed on what is happening in the organization
4. expect that his/her tasks have been planned for
5. an assignment that will promote learning and growth
6. orientation and training
7. receive advice and support from a designated supervisor
8. appropriate recognition even on a day-to-day basis
9. out-of-pocket reimbursements, whenever possible
10. be treated as a non-paid staff member

THE PAID STAFF HAS

THE RIGHT TO:

1. decline any volunteer thought unsuitable
2. expect that the volunteer will complete assignments accepted
3. give instructions as to how the work is to be done
4. give the volunteer a trial or probationary period
5. evaluate the volunteer's performance
6. demand quality performance
7. report problems and progress to person who coordinates volunteers
8. schedule volunteers when work space is available
9. own opinion on the merit of volunteer involvement
10. be respected and trusted as a colleague

THE RESPONSIBILITY TO:

- know his/her limits
- respect confidences
- follow organizational guidelines
- prepare for each work assignment
- use time wisely; not interfere with other's performance
- acknowledge the need for training and participate fully
- consult with supervisor when unclear on policy or action
- give constructive feedback that will improve effectiveness
- refuse gifts or tips from recipients of service
- work as a team member

THE RESPONSIBILITY TO:

- make all necessary qualifications known ahead of time
- provide for adequate time and training for each assignment
- make sure the volunteer understands the task
- set and maintain standards
- provide feedback in constructive terms
- allocate supporting resources; give recognition for work done
- keep good communications with the volunteer program office
- provide adequate, pleasant work space
- not overgeneralize about volunteers
- respect and trust volunteers in return

VOLUNTEER INFORMATION GUIDE

A. GENERAL VOLUNTEER RESPONSIBILITIES

Each Birmingham AIDS Outreach volunteer should plan to carry out assignments as directed by the Director of Volunteers or Program Directors. Volunteers are expected to be present at scheduled meetings, projects, assignments, etc. as planned. For the consideration of all involved, meetings between volunteers and staff should be scheduled in advance. To cancel meetings or work times, volunteers should notify the Director of Volunteers and others involved. All volunteers must complete time sheets for each month. Information about volunteer hours is vital to the achievement of funding for the agency in general and the volunteer program in particular.

B. CONFIDENTIALITY

Although BAO hopes all volunteers will share their volunteer experiences with others, it is understandable if a volunteer wishes her/his efforts to be kept confidential. He or she should be sure to bring this up with the Director of Volunteers or Executive Director.

C. CLIENT RIGHTS

Because BAO exists primarily to serve people with AIDS, BAO clients have the right to expect complete confidentiality. Volunteers and staff are expected to maintain the utmost confidentiality with regard to client information. Volunteers and staff may not discuss clients or cases with the public, with other volunteers or with unrelated staff. Of course, any volunteer may discuss her/his own experience as is personally comfortable.

D. ISSUES OF DIVERSITY

Any discrimination toward clients, volunteers and staff due to sex, sexual orientation, health status, race, or cultural background, religious beliefs, age, socioeconomic status, etc. is prohibited and is cause for BAO to terminate a volunteer's involvement with the agency. This includes speech, even speech of a speculative nature. This rule helps us to maintain representation from diverse populations within our community.

E. REIMBURSEMENTS

Except in special cases, BAO cannot reimburse volunteers for parking, public transportation, or other costs. Meals are not provided; light refreshments may be available at some times.

F. STRESS MANAGEMENT

Perhaps one of the greater personal challenges a BAO volunteer faces is "burnout". Though there really is no standardized definition of burnout, most experts do agree that burnout occurs at different stress levels for different individuals and that burnout is a negative internal psychological experience. Simply put, burnout is viewed as sheer exhaustion -- physical, psychological, or emotional. BAO encourages all volunteers to watch for warning signals and to take care of themselves to prevent burnout as much as possible. Some helpful techniques are: time and stress management; self-care -- i.e. hobbies, physical exercise, family activities, aesthetic pursuits; remember to give yourself and to accept credit for tasks well done; take advantage of any new services or trainings; recognize when it's time to "take a break". All BAO volunteers should feel free to discuss burnout issues with the Director of Volunteers or Executive Director.

VOLUNTEER OPPORTUNITIES

A. VOLUNTEER "BUDDIES"

These volunteers provide needed emotional and practical support work to people with AIDS and HIV infection. These volunteers must be responsible, caring individuals who are willing to commit at least one year of their time to this program.

B. "HOT LIST" VOLUNTEERS

Volunteers who are willing to be called on short notice for immediate needs are referred to as "hot list" volunteers. Most frequently, these volunteers are responsible for the mass mailings of fund appeal letters, newsletter mailings, etc. These volunteers are called on short notice for at least a two hour period of time during the day, in the evening, or on the weekend. "Hot list" volunteers are called on an as needed basis and it is understood that not all those called will be available for each project.

C. VOLUNTEER MOVING SQUAD

By working very closely with the BAO Director of Client Services this group of volunteers will be prepared to answer the need of people with AIDS who need to change residences and are not able to do so without help. This volunteer service is important to people with AIDS and, as such, should only be handled by volunteers who are responsible and physically able to assist with relocating.

D. VOLUNTEER SERVICES/VOLUNTEER ASSISTANTS

These volunteers assist the Director of Volunteers in the support of BAO volunteers. Volunteer Assistants must be personable, willing to follow directions, and have good telephone skills. Volunteer Assistants should be prepared to spend at least three hours per week in the office.

E. PUBLIC SPEAKERS/SPEAKERS BUREAU

This group of volunteers is supervised by the Executive Director. Trained volunteer speakers for this area provide informational and educational talks focusing on BAO as a resource and basic AIDS information to a variety of groups, i.e. organizations, work places, civic and community groups, etc. These volunteers must be responsible and have previous public speaking experience. The time frame of availability is coordinated with the Executive Director.

F. OFFICE VOLUNTEERS

This group of volunteers would work closely with the Administrative Assistant. Their responsibilities would include answering telephone, making copies, typing, helping with bulk mailings, and running errands. It would be helpful, but not necessary, if these persons have typing and or wordprocessing background. Because of the nature of the work of BAO, confidentiality plays a very important part in the role of the office volunteer.

G. SPECIAL EVENTS

This work group of volunteers has the responsibility of planning and holding internal BAO events, such as the agency's Annual Corporate Fund-raiser, the Sustainer Program kick-off. These volunteers must have telephone and planning skills and basic knowledge of special events procedures. These persons will work directly with the Director of Development.

H. NEWSLETTER VOLUNTEERS

Newsletter volunteers contribute story ideas, research and write articles, pick-up and deliver at printers, proof-read and prepare the newsletter for bulk mailing. Individuals are encouraged to volunteer for specific tasks or on an on call basis.

THANK YOU, VOLUNTEER

The clients and staff of Birmingham AIDS Outreach wish to thank you, the volunteer. Without you, services and programs could not possibly be offered at current and projected levels. Your devotion to the mission of Birmingham AIDS Outreach is needed and welcomed. Thanks for caring.

Some years ago, The Bureau Of Labor Statistics conducted a survey on "Why Americans Volunteer". Of the 22 million Americans who volunteered that year, the lowest number was among the youth ages 18 to 24, senior citizens over 65 years of age, those who had less than four years of college, and persons with an annual income under \$8,000. Although much has been done to change this picture in recent years, this still suggests groups of persons to cultivate to serve.

These persons may be reached through well-planned publicity, through groups to which they belong, such as senior citizen clubs, young programs, service and fraternal clubs, labor unions, through their church, and through social organizations. Mailings may be effective, but on a mass appeal this is a costly item, and if sent economically third class, is often thrown as junk mail. If a business may be persuaded to enclose a recruitment piece in their monthly billing, it may reach into a lot of homes, but again, the cost may be prohibitive for the percent of return.

It is important to go to the people and to their groups. It is easier to be enthusiastic in person and be present to answer their questions. Personal calls on neighbors, newcomers and friends will tell your story. Civic groups are logical places to visit to speak and a speakers' bureau may handle this for your agency; other places to speak are sororities, fraternities, student councils, school assemblies, and college classes. Some communities have successfully used talk-a-thons, which are really neighborhood coffees. Neighbors are invited for a cup of coffee and told about the volunteer opportunities-not much different than the jewelry, tupperware or cosmetic parties in homes. Booths may be set up in shopping malls or department stores, where brochures may be handed out and questions answered about volunteer opportunities.

Volunteerism is no longer predominately a white middle class thing. All races are concerned with white power, black power, red power, yellow power, etc. and it sound like more power for all of us. We need to knock on doors. In the disadvantaged areas, everyone can't read, but they will respond to a personal request for help.

Radio and TV stations give a certain percentage of their time to voluntary, civic and charitable groups. Most stations have public service departments and staff and it is advisable to make a personal call to each of these or the station manager, to become acquainted and to learn what their policies and deadlines are. After an initial personal visit, future contacts may be satisfactorily made by telephone or mail.

It may be advantageous to request time on special shows, such as talk or interview programs, which may be weekly, quarter or half-hour programs. Advance planning is most important and arranging for participants, getting them to taping session and providing background material for interviewers all takes time.

Volunteers need to be well trained; to also confront their own attitudes about sexuality. There is a growing need for volunteer to confront their attitude about drug use and to learn about the methods of drug treatment and the coping mechanism that drug users develop.

Volunteers need to feel competent. They need to understand the boundaries between volunteer and professionals and between volunteers and clients. They need to be given appropriate roles and clear definitions of their place within the organization. They need assignments that are within their capabilities, with training provided as needed.

Action is the beginning of everything. In every human activity, nothing of any consequence happens until a person wants to act. What she/he accomplishes depends to a considerable extent on how much and why she/he wants to act. Beyond this point the nature of human motivation become complex and subtle. But everyone alive is motivated and the object of their motivation is some personal goal. Our usual speculation about this goal is that it is an immediate and obvious one, such as security, prestige or money. Often these tangible goals really only pave the way for providing the person with attainment of any individual's ultimate purpose-which is to be her/himself. Finally, the leadership of every organization, staff and volunteer alike, should pledge its commitment to continual research for new ways to motivate members of their community to volunteer and to provide them basic training for service to others.

Evaluation of Volunteer Performance

Name _____
 Position _____
 Supervisor _____

Date _____
 Unit _____

Check the space that describes the volunteer's **usual** performance. This evaluation is for local use only.

	Never	Rarely	Usually	Always
Reliability				
<u>Punctual</u>				
<u>Notifies supervisor ahead of time if:</u>				
<u>Late</u>				
<u>Absent</u>				
<u>Arranges for substitute when necessary</u>				
<u>Completes assignments</u>				
Interest				
<u>Accepts assignments cheerfully</u>				
<u>Desires to learn as much as possible about assignments</u>				
<u>Suggests ways to perform assignments more effectively</u>				
Personal Attributes				
<u>Responds flexibly to the unexpected</u>				
<u>Displays sense of humor</u>				
<u>Seeks information upon which to base judgements</u>				
<u>Accepts co-workers as they are</u>				
Relationship to Organization				
<u>Exhibits understanding of volunteer role</u>				
<u>Evidences knowledge of organization's purpose</u>				
<u>Actively interprets work of organization</u>				



1132 West Peachtree St., NW
Atlanta, GA 30309-3624

404-872-0600

VOLUNTEER SERVICE REQUEST FORM

AID Atlanta provides social and educational services and employs without regard to race, creed, color, sex, religion, sexual orientation, national origin or physical handicap.

To facilitate requests for volunteer services please complete this form in its entirety. Allow at least three working days for volunteer requests to be filled. If task is lengthy or requires several volunteers please allow for 1-2 weeks lead time.

REQUEST FOR SERVICE

DESCRIPTION OF TASK:

DATE TASK TO BE ACCOMPLISHED: _____

TIME TASK TO BE ACCOMPLISHED: _____

NUMBER OF VOLUNTEERS REQUIRED: _____

DATE OF REQUEST: _____

STAFF PERSON INITIATING REQUEST: _____

**VOLUNTEER REQUEST FULFILLED/UNFULFILLED
**NOTIFICATION AT LEAST TWO DAYS PRIOR TO EVENT

RETURN TO SEDRICK GARDNER, VOLUNTEER SERVICES COORDINATOR

AID **atlanta** *iii*

December 1, 1989

TO: AID Atlanta Staff
FROM: Sedrick Gardner
SUBJECT: Volunteer Job Descriptions

During the month of December I am asking that you take the time to write down your daily activities on the enclosed forms. At the end of the month please look over your lists and identify your current activities that may be accomplished by a volunteer of the agency. This procedure will allow me to compose job descriptions so that volunteers understand the requirements of their service at AID Atlanta. This will also enable you to relinquish some of your time to dedicate to the more pressing issues of your position.

Thank you in advance for your cooperation and let me know if you have any questions.

ACTIVITY DESCRIPTION: _____

TIME REQUIRED TO ACCOMPLISH TASK: _____
IS THIS AN ACTIVITY THAT CAN BE ACCOMPLISHED BY A VOLUNTEER? _____

ACTIVITY DESCRIPTION: _____

TIME REQUIRED TO ACCOMPLISH TASK: _____
IS THIS AN ACTIVITY THAT CAN BE ACCOMPLISHED BY A VOLUNTEER? _____

ACTIVITY DESCRIPTION: _____

TIME REQUIRED TO ACCOMPLISH TASK: _____
IS THIS AN ACTIVITY THAT CAN BE ACCOMPLISHED BY A VOLUNTEER? _____

VOLUNTEER AGREEMENT

ALL PERSONS WANTING TO BECOME VOLUNTEERS WITH AID ATLANTA, INC.
MUST ATTEND BASIC TRAINING AND AGREE TO
ALL THE CONDITIONS LISTED BELOW.

I AGREE:

To work a specified number of hours each month on a schedule acceptable to my Committee Chairperson or Team Captain and the Board of Directors, AID ATLANTA, INC. of Atlanta, Georgia;

To be prompt and reliable in reporting for scheduled work, and to provide AID ATLANTA, INC. with an accurate record of hours worked by signing the an individual Time sheet;

To notify AID ATLANTA, INC. if unable to work as scheduled. This will be done as early as possible to permit reassignment of another volunteer;

To attend orientation and training sessions as scheduled, and to undertake continuing education when provided by AID ATLANTA, INC. to maintain competence;

To carry out assignments in good spirit and to seek the assistance of the Committee Chairperson or Team Captain in a situation requiring special guidance;

To consult with my Committee Chairperson or Team Captain and the Volunteer Coordinator before assuming any new responsibility;

To act professionally at all times when representing AID ATLANTA, INC.;

To accept the right of AID ATLANTA, INC. to dismiss any volunteer for poor or inappropriate performance, including poor attendance;

To work with the Board of Directors and Staff and abide by their decisions...

CONFIDENTIALITY AGREEMENT

As a representative of AID ATLANTA, INC. of Atlanta, Georgia, I, the undersigned, acknowledge that the unauthorized disclosure of information designated as confidential violates clients' and AID ATLANTA'S right to privacy, and do hereby recognize my responsibility to hold such information in confidence. The violation of confidence may cause my immediate termination as an AID ATLANTA, INC. volunteer or employee and may also lead to possible legal action.

Date

VOLUNTEER SIGNATURE

WITNESS

AID Atlanta
Application for Volunteer Service

Date of Registration _____ Your birthdate _____

Name _____ / _____ / _____ / _____
(Mr., Ms., etc.) Last First MI Preferred Name

Home/mailling address _____ / _____ / _____ / _____
Apt.# County City ZIP Code

Home phone number _____ Work phone number _____ May we call you at work? _____

Occupation _____ Company _____ County of Company _____

Please mark three of the categories below as your first, second or third choice for volunteer service.

- _____ Black Outreach
- _____ Hispanic Outreach
- _____ Youth Outreach
- _____ Housing Support
- _____ Buddy Program
- _____ InfoLine
- _____ Practical Support
- _____ Office Support (typing, data entry)
- _____ Speakers Bureau
- _____ Client Transportation
- _____ Play Safe Campaign
- _____ Special Events
- _____ Tele-Link Program
- _____ A.I.D.S. 101 Planning Committee

Let us know your other areas of interest and/or experience by marking with I or E:

- _____ Graphic Arts/Media Marketing
- _____ Newsletter/Journal
- _____ Computer programming
- _____ Research and writing: grants
- _____ Volunteer recruitment
- _____ Public relations
- _____ Interpreting: hearing impaired
- _____ Languages: specify, please _____
- _____ Telephoning
- _____ Library Support

Times available to work: Please check as many as apply.

_____ weekday mornings _____ evenings _____ emergency basis at any time
_____ weekday afternoons _____ weekends Other: _____

How did you learn about volunteering for AID Atlanta? Please check as many as apply.

_____ from a friend _____ word of mouth
_____ Creative Loafing _____ AID Atlanta brochure in store, bar, etc.
_____ Other newspaper ad Other: _____

Please describe any previous volunteer experience: _____

Do you have any other special skills you would like to share? Please tell us about you: _____

Thank you for your interest in AID Atlanta.

AID ATLANTA VOLUNTEER EXIT INTERVIEW

INTRODUCTION:

As you know, this interview has to do with your leaving AID Atlanta as a volunteer. I would like for us to start, however, by talking a bit about your coming to AID Atlanta. I would like you to tell me, in your own words, the story of how it is that you came to be an AID Atlanta volunteer.

1. What exactly is it that you did as an AID Atlanta volunteer?

PROBE:

- a) How many hours per week did you work?
- b) What sort of work did you do?
- c) With which areas of AID Atlanta were you involved?
- d) With what kind of clients did you work?

2. What were your expectations for volunteer work at AID Atlanta?

PROBE:

- a) What kind of work did you think you would be doing?
- b) What did you think working with the clients would be like?
- c) How did you think all of this would make you feel?
- d) How did you think volunteering at AID Atlanta would have an impact on the rest of your life?

3. Were each of these expectations met?

PROBE:

- a) Were your expectations met about the kind of work?
IF YES: How?
IF NO: Why not?
- b) Were your expectations met about working with clients?
IF YES: How?
IF NO: Why not?
- c) Were your expectations met about how you would feel?
IF YES: How?
IF NO: Why not?
- d) Were your expectations met about how volunteering would impact your life?
IF YES: How?
IF NO: Why not?

4. What would you say were your three most important motives for working as a volunteer?

1.-----

2.-----

3.-----

5. Did you find your motives changing as you stayed at AID Atlanta?

IF YES: How were they changing?

6. What would you say is your most important reason for deciding to leave volunteering at this time?

PROBE: Are there any other reasons? What are these?

7. We've been talking a lot about ideas about things. Let's turn for a bit to feelings. How would you describe how you feel about stopping volunteer work now?

PROBE: If the volunteer has not expressed any UNPLEASANT feelings, ask:

- a) Would you say that you feel badly about leaving?
b) Would you say that you feel guilty about leaving?

If the volunteer has not expressed any POSITIVE feelings about leaving, ask:

- a) Would you say there are good feelings about leaving AID Atlanta?

8. Are there other things going on in your life right now that somehow influenced your decision to stop volunteering? For example, has there been any major change in the health of someone close to you or has there been a major change in your job?

Anything else?

9. Are you planning on any other volunteer work or AIDS-related work in the near future?

IF YES: Please describe your plans for me.

10. Can you imagine yourself returning to work as an AID Atlanta volunteer?

IF YES: What would it take for that to happen?

IF NO: Why not?

11. As you know, I am involved in a general study of volunteering at AID Atlanta. I would now like to ask you some questions of a broader nature about AID Atlanta. The areas I would like to cover are stress, coping, and support.

a) Would you describe AID Atlanta as a stressful place in which to work?

IF YES:

How would you describe that stressfulness?

What would you say were the major stressful life events you encountered at AID Atlanta?

Would you say that there were chronic sorts of stressors?

What were these?

Would you say that there were minor stressors or hassles?

What were these?

IF NO:

Can you say more than that? I would guess that most people think AID Atlanta is a stressful place to work.

12. What did you do to cope with the stresses of being an AID Atlanta volunteer?

PROBE:

a) Did that work?

b) What sorts of coping strategies didn't work?

Page Four

13. Some people focus on the consequences that volunteer work can have on someone's life. For example, some people talk a b o u t "burnout" or about depression and anxiety, or about cynicism and anger, or about just plain old exhaustion. What would you say were the consequences of your volunteer work for you?

14. Are there any other ways that being an AID Atlanta volunteer affected your functioning or your health?

15. Would you say that you felt support from others in your volunteer work?

IF YES: Who did the supporting?

What did their support consist of?

Did this support help? How?

IF NO: What happened to your potential sources of support?

Interviewer: Be sure to establish what sorts of support the volunteer received from both INSIDE and OUTSIDE AID Atlanta.

16. We have talked a lot about the stresses of working at AID Atlanta. Would you describe your volunteer experience as having been positive and rewarding?

17. Would you recommend to a friend that he or she become an AID Atlanta volunteer?

IF YES: Why?

IF NO: Why not?

Thank you for your willingness to participate in this interview. Is there anything you would like to ask of me about this process?

CHECKLIST FOR INTERVIEWING _____

Volunteer's name

1. _____ How did you hear about volunteering with AID Atlanta?
2. _____ Who AID Atlanta is and what we do, who we serve
(emphasize history, philosophy, community).
3. _____ Explain the types of volunteer work available.
4. _____ Tell me about your work. _____

5. _____ What do you like to do in your leisure time? _____

6. _____ Have you ever spent time with someone labelled
mentally retarded? Tell me about that. _____

7. _____ Why are you interested in doing volunteer work (in
terms of personal goals)? _____

8. _____ What have you enjoyed most in previous volunteer
work? What have you enjoyed the least? _____

9. _____ What would you consider to be the ideal volunteer job
for you? Why? _____

10. _____ What things have you done that have given you the
greatest satisfaction (paid or unpaid)? _____

11. _____ Describe the person you think you might want to
volunteer with in terms of level of handicap and age. _____

12. _____ What is your "energy" or "activity level," and how
would you describe your work habits? _____

13. _____ What makes you really angry--on the job or at home--
and how do you deal with this anger? _____

14. ____ What do you like best about yourself? If you could, what would you improve? _____

15. ____ How do you deal with stress in your life? _____

16. ____ What kind of supervision do you prefer? _____

17. ____ Tell me about your family. _____

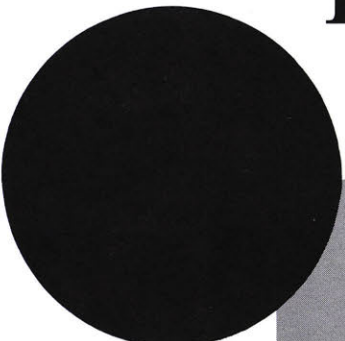
18. ____ If something was bothering you, who would you talk to? What would you consider your support system to be? _____

19. ____ Are you active in any church or school groups, clubs, sororities, etc.? _____

Volunteer Program Development MANUAL

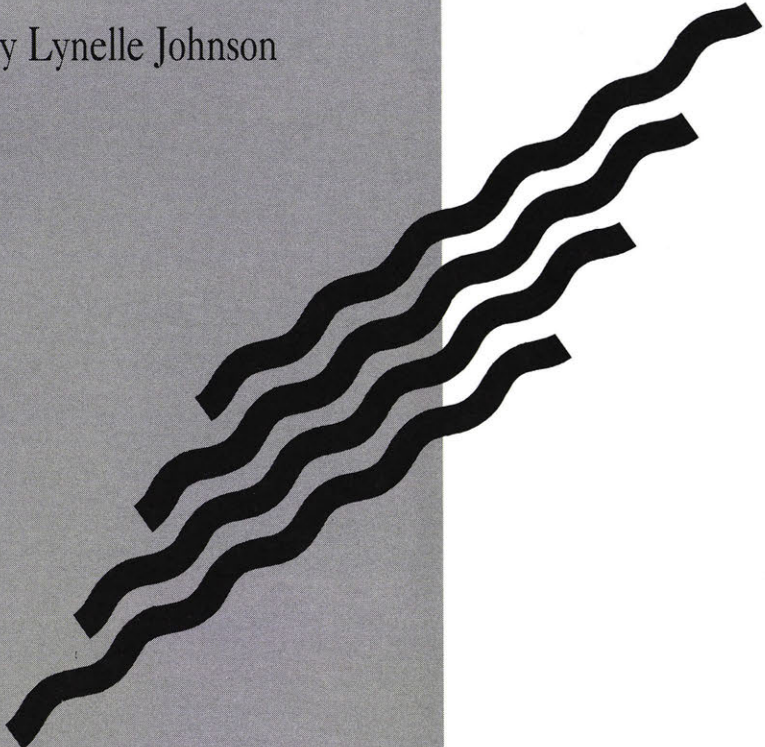
by Lynelle Johnson





Volunteer Program Development MANUAL

by Lynelle Johnson



The production of this manual was
made possible by grants from:

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Hartford Connecticut
and
the Office of Minority
Health

FROM THE EXECUTIVE DIRECTOR

Dear Colleagues:

The history of health care for ethnic populations in the United States has tended to obscure the crucial contributions of volunteer health educators, administrators, and advocates. The importance of these "helpers", as they most often describe themselves, is magnified in the HIV/AIDS epidemic. As we move from the 1980's into the 1990's volunteer recruitment and program maintenance will become increasingly important. Volunteers will become the heart and soul of the minority community response.

A number of minority community based service programs express a need to create or expand on existing volunteer programs. As treatment abilities increase and people with AIDS (PWA's) begin to live longer, facilities to service them and their significant others will be necessary. To insure the provision of sensitive and effective services, the overall representation of ethnic minorities as volunteers will need to be increased.

In order to achieve this increase it is evident that a coordinated and cohesive response is necessary. This effort should be characterized by increased communication between AIDS Service Organizations (ASO's) and the communities they serve, thereby insuring a unified response to the increasing need for volunteers to serve PWA's in ethnic communities.

This VOLUNTEER PROGRAM DEVELOPMENT MANUAL is designed to assist minority-community ASO's in all aspects of volunteer recruitment, deployment, and program maintenance. It will provide organizations with a frame-work through which to view organizational needs and community resources. It will prove most helpful in reducing the effects of the poor economic resources which plague health service delivery in minority communities.

Racial and ethnic minority volunteers in ASOs' should have their beliefs and attitudes about HIV disease/AIDS challenged. They should be encouraged to use their volunteer experience to increase their workforce skills, thereby increasing employment opportunities. Increased volunteerism will foster greater self-sufficiency and inspire more self-help, particularly in regard to preventative health care and education and public health policy issues among racial and ethnic minorities in the United States.

It is of the utmost importance that staffing for community-based organizations reflect the target population, increasing the level of sensitivity and understanding encountered by those seeking education, prevention, and treatment services.

This manual is dedicated to the many people of color who courageously respond to HIV disease/AIDS in their communities. I applaud your compassion and commitment. Thank you for caring.



Paul Akio Kawata
Executive Director, National Minority AIDS Council

ACKNOWLEDGMENTS

The National Minority AIDS Council extends its gratitude to the National AIDS Network, Mr. George Meza, the Canadian AIDS Society, Health Crisis Network, VITA, and BEBASHI for their insights into successful volunteer programs. Special thanks to the members of the *National Advisory Committee* (NAC) for the **Minority Volunteer Management Program**. Without the suggestions and guidance of these important and committed individuals this document may not have been possible.

Members of N.A.C. include:

Ronald Johnson; Minority Task Force on AIDS, New York, N.Y.

Mike Connolly; AIDS Action - Boston, Boston, MA.

George Meza; Cal. State Univ., Hawthorn, CA.

Joseph Jones; EARTHtide, Inc., Baltimore, MD.

Diane Wysocki; San Francisco AIDS FDN., San Francisco CA.

Ken Johnson ; San Francisco AIDS FDN, San Francisco CA.

Cynthia Parker-Ohene; Kupon Network, Chicago, IL.

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**A HISTORY
OF
HELPING OUT**

In minority communities volunteerism is a close-knit and personal obligation. Whether a member of a church group sewing blankets for the needy, the circle of mourners bringing dinner to bereaved families, or community organized soccer teams, a rich tradition of high-level and undocumented volunteerism is alive and well in minority communities. People of color refer to this as "helping out".

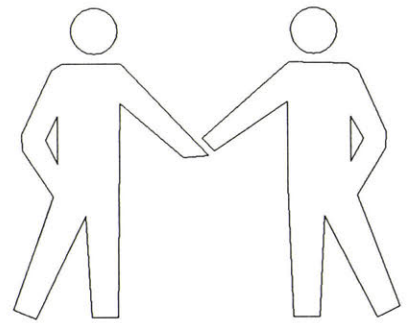
This tradition of community involvement indicates that minority communities possess a rich and as yet untapped volunteer pool. It is to these individuals that minority AIDS service organizations (ASO's) must reach out to in order to match those requesting services with those volunteering services. The goal becomes, not how to get minorities to volunteer, but how to get them to add planning, design and validation to what comes very naturally for so many individuals.

This level of altruism has been challenged with the advent of HIV disease/AIDS. Misconceptions about HIV transmission, HIV infected individuals, and the true impact of AIDS in minority communities has seriously hampered a community response. Misguided morality, compromised media coverage, mis-education, and denial has characterized both the information that minority communities receive about HIV/AIDS as well as our response to a very real crisis. These factors, in conjunction with homophobia, racism, and inadequate health education and services have set the stage for minority communities to balk at the AIDS issues.

A systematic process for overcoming the fear and stigma associated with HIV disease/AIDS will allow us to draw the necessary parallels for social and economic mobility on these issues as well. In realizing the similarities between the HIV epidemic and other social ills that plague our communities we will be able tap this altruistic attitude and channel it into an energetic front which will include contributions of time and monies.

Although this process of systematic community involvement has eluded many community based ASOs' in their quest for minority volunteers. Culturally sensitive approaches to recruitment, training, and deployment of volunteers will help assure that this is not the case.

THE NEED FOR VOLUNTEERS



**CURRENT AND
PREDICTED
NEEDS**

As treatment services increase and drug trials include more individuals, we will begin to have different needs in relation to HIV diseases/AIDS. The need for client-centered services for many minority communities will increase to equal, if not surpass that for education and information dissemination. An adequate response to current and predicted needs will demand increases in the number and diversity of people administering both direct and indirect services.

In many public health delivery organizations paid staff provides most client oriented services. Many ASO's, especially those at the local level, lack the financial resources necessary to employ paid staff or find the need so great that current staff is overwhelmed. In addition, organizations addressing health concerns of people of color are more greatly affected by budget cuts, limited funds, and changing political climates. The recruitment of volunteers is one way to minimize the effects of insufficient staff or funds.

As the gay community moved beyond denial and accepted the reality of HIV disease/AIDS gay men became mobilized, both socially and economically, to address the impact and formulate education and risk reduction strategies. Much of this work was initially accomplished without governmental or traditional health organizations. Consequently, early in the epidemic the pool of volunteers responding to AIDS reflected the community defined to be "at risk". These factors set the stage for a majority of ASO volunteers to be either white, male, homosexuals or individuals with a high degree of access to or involvement in the gay community and the information and services it provides.

Over the past four years, media coverage of the face of AIDS has changed. The incidence of HIV transmission seems to be decreasing among the gay white male population while increasing among racial and ethnic minorities and women. As HIV transmission continues to decrease among previously defined "risk groups" the percentage of U.S. AIDS cases represented by minorities will rise. Present difficulties in outreach and education for active intravenous drug users (IVDU) will also manifest themselves as increased cases among U.S.

**THE
CHANGING
EPIDEMIC**

As people of color continue to address AIDS in the coming years, volunteers will be needed for both direct and non-direct client services. Legal services within the realm of employment and housing rights will become increasingly necessary. A role in policy development and critical evaluation within the public health system, both as it responds to HIV disease/AIDS and other community health issues, will prove invaluable to all minority communities.

Advocacy for people with AIDS (PWA's) will have to address the needs of individuals receiving health care support from various sources, ranging from personal insurance policies to having no system of health care support at all. Housing issues will need to include child custody and support.

The gay community has demonstrated that monetary contributions, community organizing, and effective AIDS prevention messages accompanied by appropriate changes in behaviors will result in reduced transmission rates. This strategy, which the minority community has adopted for education and outreach, must also be adapted for client service initiatives. For many agencies this will require the development of new volunteer programs or the increased representation of people of color within existing programs.

Based on the **Centers of Disease Control Surveillance Reports**, the need for client-oriented services is particularly great in African-American and Latin communities. However, it would be highly detrimental for Asian /Pacific Islander and Native American communities to repeat the denial that occurred in the gay, African-American and Latin communities. Continued increases in the incidence of AIDS among women and an awareness of the impact of the HIV epidemic on their lives will require increased representation of female volunteers to address the issues specific to women. An expedient response to this need will further curtail transmission rates within these communities.

The following are cited as indications of the increased need for services specific to minority communities:

- * increases in the representation of racial and ethnic minorities, both male and female among U.S. AIDS cases;
- * increases in the need for and delivery of client centered services in minority communities;
- * the level of denial and subsequent need for education and prevention messages evident in many Asian/Pacific Islander and Native American communities;
- * increases in the numbers of people of color living with AIDS and in need of services specific and sensitive to their needs.

These factors, combined with increases in the ability to treat HIV disease/ AIDS and access to drug trials, strongly indicate the increased need for volunteers to serve ethnic PWA's. An increase in participation by non-white volunteers will serve to:

- * *improve the quality of services provided to ethnic and racial minorities*

VOLUNTEER
RECRUITMENT
IN
MINORITY
COMMUNITIES

by increasing similarities between clients seeking services and an organization's human resources;

- * increase the number of individuals benefiting from the volunteer experience; and*
- * expand and diversify initiatives when volunteers serve in an advisory capacity such as program planning or as board members.*

The recruitment of people of color is similar to the recruitment of any other people in the sense that ***the role of volunteering must be presented as valuable, attractive, and rewarding.*** Differences arise in the development and implementation of volunteer recruitment strategies and program maintenance. Current data indicates that the potential to volunteer is related to race, age, sex, and income and that whites are more likely to volunteer than non-whites. Although this information is accurate, data also indicates that creative recruitment strategies and program design results in increased representation of minority volunteers. In addition, organizational needs must be conducive to the needs of the volunteer so that both the organization and the volunteer benefit. In organizations providing direct client services the needs of the clients, of course, take precedence.

When recruiting in minority communities, it is important to note cultural differences and socio-economic variations. Some people cannot financially afford to give of their 'free time' without monetary or material compensation. After a 8 to 10 hour day, many heads of households in minority communities come home to another, possibly more taxing job of raising children and maintaining family structure. Therefore, it may not be feasible for a single mother of four to volunteer part-time during daytime hours or on weekday evenings. If the agency is across town, the likelihood of her contribution is further decreased.

When informing the community about your organization's volunteer needs it is important to have an accurate assessment of your organizational needs as well as community resources. A carefully planned and effectively administered volunteer program will attract volunteers of all backgrounds. An additional commitment to cultural sensitivity will ensure a representation of ethnic and racial minorities.

Although this manual addresses volunteer program development among minorities, it is apparent that variations and differences exist, both between and within different ethnic groups. Recruitment strategies must

speak to the specific community needs and resources. Organizational needs of agencies serving the African-American community differ from those serving the Asian/Pacific Islander community. Ignoring this fact will impede the development of an effective volunteer program.

PROGRAM PLANNING



**program
planning**

The planning of a volunteer program should be undertaken with the same degree of seriousness as general organizational development. Successful recruitment and training of volunteers requires much more than access to people who care. Certain items must be very clear at the outset; these include:

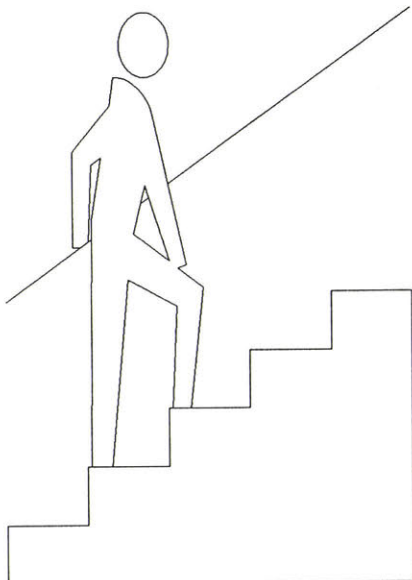
Organizational mission
Organizational goals and objectives and
Community/Volunteer resources

These three items, if viewed in concert, will be key to program design. The chart below helps clarify this process.



Although organizational missions may vary, the need for strategic planning of volunteer programs remains constant. The strategic planning process involves:

- 1]** a clarification of organizational mission and the needs that arise from it and
- 2]** defining what organizational needs volunteers will meet and how they will meet them.



There are five steps to strategic planning:

- * Strategic planning is an ongoing process...a way of thinking.
- * Keep plans simple and manageable.
- * Plans should not rest on support staff or consultants.
- * Good planning is characterized by creativity, innovation, and imagination.
- * Plans should include implementation guidelines, clear goals, and maintain flexibility.

Within the realm of a minority community-based response to HIV disease/AIDS, a diverse range of needs are evident. Some communities are in need of education where other communities possess effective education and outreach strategies and are finding an increased need for direct client services. Different organizations have different agendas and objectives. Effective planning and organizational collaboration helps to account for these differences and facilitates efficient community service.

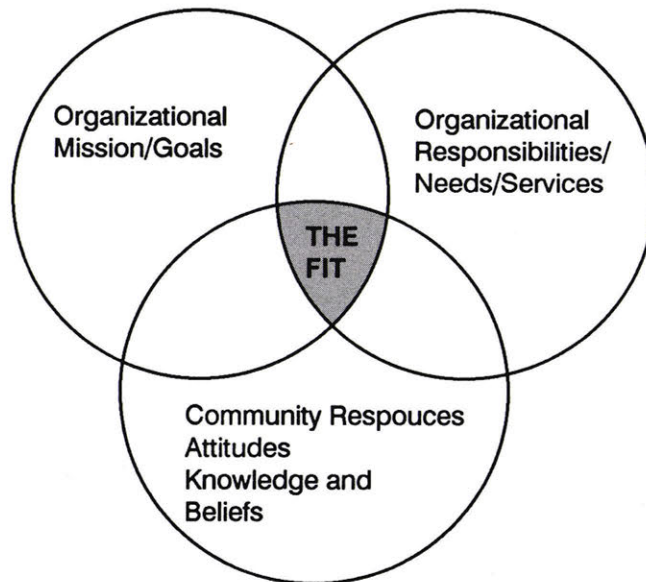
An example of "finding the fit" could read:

An organization's mission is to assist in improving the lives of PWA's in the surrounding, predominately Latin, urban community by providing meals for PWA's. Funding has been provided only for groceries, meal preparation and meal transport. Since no funding for clerical and support staff exists, these represent organizational needs that must be met through volunteers. The process of recruiting, training and developing job descriptions should be sensitive to community/volunteer resources. Upon receiving completed applications the staff person assigned to the program discovers the volunteer pool consist primarily of women. Many Latinas have less freedom of movement in the late evening or night, so hours are scheduled during the morning or early afternoon. This schedule will increase the number of women who can volunteer. With creative program design, volunteers and volunteer positions can be matched. The key is to remain flexible in terms of when and how organizational needs can be met while remaining committed to the organizational mission.

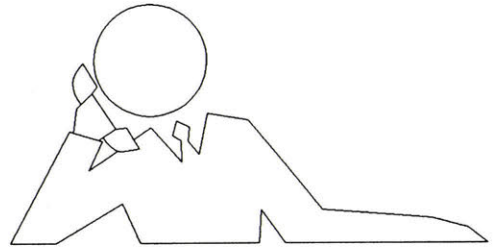
STRATEGIC PLANNING FOR VOLUNTEER PROGRAMS

As the graphic below describes, **organizational mission** is inherently related to **organizational needs** and **services delivered**. These needs and deliverables, when satisfied, lead to the attainment of goals and the realization of the organizational mission. Volunteers serve to meet specified needs of an organization and provide assistance in goal attainment. When these components come together the first step to a successful volunteer program is in place.

FINDING THE FIT



SCREENING AND TRAINING



Screening

Once successful recruitment strategies have produced a pool of potential volunteers it is time to implement the program. The best way to insure that both the volunteer and the organizations needs are met is to have some sort of screening or interviewing process followed by training sessions for committed volunteers. Effective screening and training will prove crucial not only to the successful deployment of volunteers, but also help assure ongoing commitment and aid in program maintenance.

Screening of volunteers is defined as *"the process of determining which individuals will serve your organizational needs best."* Screening also identifies whether or not your organization can provide what the volunteer desires from the volunteering experience. As such, this is a major step in the development of your volunteer program. The screening of volunteers is usually a process which takes place over time. Initial responses to recruitment strategies, be they via telephone or in person, will provide the staff person in charge of volunteer resources the opportunity to assess certain aspects of the potential volunteer.

The screening of volunteers will prove to be ongoing, and as organizational and client needs change it may be necessary to change volunteers. For example, volunteering provides individuals with the opportunity to grow, both intellectually and emotionally, and as the individual grows the organization may no longer meet their needs as a volunteer.

When individuals respond to a call for volunteers or call in stating that they want to volunteer, then the staff person may want to set up an interview. At this time, the appropriateness of the volunteer can be assessed. The staff person may explain in detail the services the organization provides and the community that it serves. This also provides an opportunity for questions regarding time commitment, hours available, and the types of volunteer positions.

Some organizations may find it easier to distribute job descriptions and applications to potential volunteers for them to complete and return. It will become apparent in some applications that either the organization will not be able to meet the individual's expectations or that the individual will not meet the volunteer needs of the organization. In these cases, screening may take place before an initial meeting, in the same way that applicants for staff positions may be weeded out based on their resumes, prior to an interview.

Volunteering in ASO's differs from other jobs in many ways. In the role of

volunteer an individual must deal with issues of sex, sexuality, illness, and death. In organizations serving minority communities, these issues may be even more emotional. Whether an organization chooses the interview or application process, it should provide both the staff person and the potential volunteer with some specific information. Sample applications are included in the appendices as well as a list of sample questions for volunteer interviews.

- * to assess the volunteer's capacity to fill the position;
- * to determine if the volunteer will be able to work in the organizational environment;
- * to provide the volunteer with an opportunity to assess if the organization is right for the individual; and
- * to clarify the organizational mission and the volunteer's expectations.

In cases where the organization does not have a position suited to the volunteer's needs or skill level, the initial screening process may be used to make referrals. The staff person may refer the applicant to an agency in greater need of their particular skills or time availability or that is more suited to the type of position they desire. In this way community based ASO's can assist each other in locating appropriate volunteers.

Much like screening, volunteer training is ongoing. Volunteers should be kept aware of advances in HIV/AIDS services and of changes in organizational development and structure. This can be accomplished by requiring all volunteers to participate in some portions of training sessions. This will provide potential volunteers with the opportunity to talk with current volunteers about their experience in the organization. Another way this can be done is by scheduling meetings that volunteers are required to attend. These meetings should consist of an AIDS update and an update on organizational structure. Both methods will prove effective with the commitment of both the volunteer and paid staff. No matter which method the organization chooses, it is important that it utilize training strategies that reduce the need for expensive and/or difficult to locate expertise or materials.

Training

As minority communities increase their HIV disease/AIDS related services, volunteer positions will become more diverse. Individuals will be needed to administer both direct and indirect client services, as well as to serve in positions of office support staff and as board members. Although some similarities exist in the initial training for any volunteer position training for

**TRAINING
FOR
NON-CLIENT
SERVICES**

administrative support and “buddies” will obviously involve different techniques.

Not all ASO's offer volunteer jobs involving client contact. The organization may not provide direct services, or may not have vacancies in these positions. Training for positions such as office support should include basic AIDS information (sometimes called AIDS 101). This course should be ongoing and required of all volunteer staff, if not paid staff as well. The course should provide participants with the opportunity to explore their feelings about HIV disease/AIDS and issues such as sexuality, drug use, illness and death. The course should also provide individuals with current information on the HIV/AIDS epidemic, as it effects their community and themselves. This will also provide the foundation for the continuation of this process throughout the volunteer experience. It is important that this process take place since all staff, both paid and volunteer, will address their feelings around AIDS related issues whether they are provided with an appropriate setting or not.

**TRAINING
FACILITATION**

When organizing the training sessions, certain features must be included. First, there should be a mixture of sharing of information and volunteer participation. This will include AIDS 101, an organizational orientation, and reiteration of job responsibilities. AIDS 101 may be held in a group and, if possible, should include presentations by a person living with AIDS and current volunteers. Additional training specific to job responsibilities may be done in a group, if job descriptions are similar, or individually for nonrelated jobs or positions in different departments.

If the organization opts for the group approach it must secure an efficient facilitator who can keep the group moving and in focus. As individuals discuss their feelings around HIV/AIDS they may need assistance in staying focused in conversations which evoke intense emotions or prejudices.

To insure that the training runs efficiently and smoothly, the organization may want to utilize a team of facilitators. This not only serves to add variety to the training session but will provide an opportunity to observe volunteers as they exchange information, ask questions, and participate in group activities.

**TRAINING
FOR DIRECT
CLIENT
SERVICES**

Buddy programs, leading groups for PWAs, people with HIV disease or HIV+ individuals, and home health aids are all examples of direct client service positions. Many of the issues that will affect staff offering non-client services are magnified when administering direct services. This fact will alter the training process. Another factor affecting training for direct

services is that many different volunteers may be hired to meet different client needs. This usually means training in different skills as well as an understanding of and commitment to team work.

Training for direct services should accomplish two things: provide information and supply emotional impact. Volunteers need to be aware of current HIV/AIDS information, both medical and psycho-social. In addition, they must explore feelings they will have as direct service workers. The relationship which exists between a volunteer and a client may cause increased personalization of feelings of anger, grief, and hopelessness.

Often these training sessions are held in groups, are attended by PWAs and client service volunteers, and involve experiences such as role playing, group exercises and guest speakers. These groups provide a safe place to explore feelings which arise from client service work and an opportunity for the volunteer to confront any fears or personal issues they may have regarding HIV/AIDS. In addition, they provide the opportunity to build supportive networks, which is especially beneficial if volunteers are working as teams.

- 1] educating individuals on effective strategies to access the existing system or**
- 2] providing alternative agencies where the community may obtain**

The role of trainer is even more important in training for direct services. In addition to orienting the volunteer to the agency, the trainer must also prepare them for their volunteer experience. It is important that the trainer has expertise in HIV disease/AIDS service delivery, both in terms of medical and psycho-social issues. Many organizations use community experts as trainers for two major reasons. First, it helps to solidify the division between organizational orientation, AIDS 101, and job training. For example, the position of home health aide certainly requires mastering AIDS 101, but in addition it involves mastering the skills of administering home health care, emotional and physical support, and dealing on a personal level with illness and death.

Secondly, it allows the volunteer coordinator to observe volunteers' reactions to information from current client service volunteers and their clients. It is of the utmost importance that current volunteers and PWAs be present and allowed to share their experiences. They will prove to be the most effective way of relaying both the practical and emotional issues involved with direct client services.

TRAINING
FACILITATION

Although differences exist in the training of volunteers for client and non-client services certain aspects remain constant. A volunteer will always appreciate a well designed and efficiently executed training session. The trainers need confidence in their ability to adhere to a prescribed curriculum and facilitate group learning; knowledge of the basic facts of HIV/AIDS as well as the program/projects for which volunteers are needed; and experience in discussing volunteer activities in ASOs' and training/orientation strategies.

Sample training outlines are included in the appendices. However, training generally encompasses two days or less and involves various stages. First and foremost is the introduction of the trainer and an orientation to the organization. This can be accomplished by dissemination of organizational brochures, statements of purpose, history, and so on. Other materials such as information handouts, current articles, and resource lists may also prove helpful. The trainer should be prepared to share his/her experiences working for the organization and/or for AIDS services, including how one came to do AIDS work and various anecdotes. This phase of training also allows for greater clarification of organizational mission. In describing the roles of volunteers and defining job descriptions the specific responsibilities and goals of your organization will become more clear.

Training topics vary between programs, below is a list of topics appropriate for both client and non-client services.

- * AIDS 101 includes medical and psycho-social aspects of HIV/AIDS, risk reduction, safer sex, safer drug use, and transmission routes.*
- * Issues of terminal illness, death and dying.*
- * Issues of sexual practices and sexual orientation.*
- * Stress management*

(Information from National AIDS Network Technical Assistance Series - Volunteer Management.)

***P*ROGRAM *I*MPLEMENTATION**



DEPLOYMENT

The deployment of volunteers encompasses *the volunteer process from assignment to the end of the volunteer experience*. It involves assigning the volunteer to a job or client, evaluation, review, and either redeployment or termination. Although this procedure may very well be an informal process, it is crucial to the efficient running of the volunteer program and is an integral part of program maintenance.

**VOLUNTEER
ASSIGNMENT**

The way in which a volunteer is assigned is an important part of the volunteer program and should be decided upon prior to program implementation. Just as volunteers appreciate well-designed training and orientation sessions, they will appreciate effective, sensitive, and appropriate assignment.

The screening of volunteers provides the staff person in charge of volunteers the opportunity to decide which volunteer roles will meet both organizational and volunteer needs. If there is a position/client with which a volunteer can be matched, it is important to do so as quickly as possible. If an individual has been through the processes of recruitment, training, and orientation they are, in all likelihood, eager to begin their volunteer experience. Slow, inefficient movement by the organization in meeting this need will result in a lost volunteer and may affect future recruitment efforts. If there is no position which suits a given volunteers skills or expectations then an interim assignment or waiting list may be appropriate.

If the organization chooses an interim assignment process then the alternatives should be explained fully to the volunteer. In addition, an expectation of when the volunteer may begin performing the desired task is important. If the organization chooses a waiting list process much of the same applies. The volunteer should be made aware of the amount of time he/she may need to wait for an assignment. In addition, referrals to other agencies which need volunteers in the area of interest will also be appro-

**SPECIFIC ISSUES FOR
DIRECT CLIENT SERVICES**

Assignment of volunteers with clients is an important part of direct service programs. One of the major volunteer needs is to provide services for minorityPWAs. If the number of clients and volunteers is small, then matching of volunteers and clients based on personality and compatibility is easy and may be done informally. However, as volunteer pools grow and the organizations serves more people, this becomes increasingly difficult. The implementation of a formal process of matching is necessary. Whether this matching process is formal or informal, the issues cited below should be considered:

- * *Does the volunteer have transportation.*
- * *Is the gender or sexuality of the volunteer important.*
- * *A history of substance abuse/chemical dependency with the client/volunteer.*
- * *Ethnic background of the client/volunteer.*
- * *Language(s) spoken by the client/volunteer.*

priate. In either case, it is not appropriate for volunteers to be left on hold, or unsure of when, where and how their skills will be utilized.

Once training and assignment is completed, volunteers enjoy and deserve frequent review and evaluation. This is another point which is crucial to program maintenance and, if handled improperly, will result in lost volunteers and may affect future recruitment efforts. There are sample review and evaluation forms in the appendices. However a few crucial points will be highlighted here.

First, the organization must decide who will conduct the evaluation and how and when it will be conducted. Most volunteer programs have formal evaluations which are held at regular intervals. This process often involves both employee evaluations and volunteer self evaluations. The staff person in charge of volunteers then arranges an opportunity to discuss the information on both evaluations with the volunteer. All volunteer staff should have a file which contains application, any information on training and orientation, and all evaluations. This file will prove necessary in cases of volunteer redeployment, exit interviews, or terminations.

In some instances organizations may choose to redeploy volunteers with a recommendation that they recommit for a longer period of time, take a break, or opt for a different position. Depending on the situation, additional training may be necessary. In the instance of recommitting, the organization may make a formal request for the volunteer to reapply to the program, they may continue in the current position or choose another job. If the volunteer chooses to remain in their current position, no additional orientation may be necessary. However, if the volunteer chooses another position or desires increased responsibility in their current position, additional training should be scheduled as soon as possible.

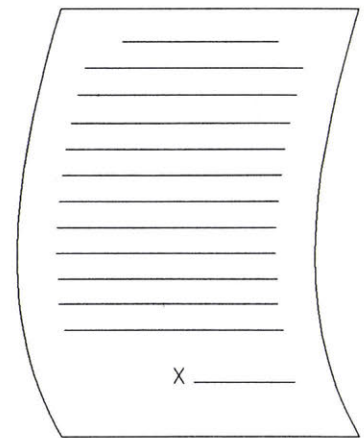
Organizational dismissal of a volunteer is rarely a pleasant situation for anyone involved. Careful planning, clear documentation, and a comprehensive deployment/termination system make the task easier. If the organization's recruitment, screening, training, and assignment of volunteers has been sensitive and carefully planned, the need for volunteer dismissal is greatly reduced.

As stated in the section on volunteer evaluation, this is an area where the *volunteer's job file* is important. Documentation of volunteer or organizational dissatisfaction is helpful if the process is to proceed smoothly. This file should be present at the exit interview. Both the staff person in

**VOLUNTEER
REVIEW AND
EVALUATION****REDEPLOY-
MENT****VOLUNTEER
DISMISSAL**

charge of volunteers and the volunteer must be given the opportunity to discuss the volunteer's experience and appropriate options to continued service in the current organization. Sometimes the volunteer may need to be referred to another agency that will better meet the volunteer's needs. Other times the individual may be inappropriate for volunteer work in HIV/AIDS-related services. It is important that the staff person in charge of volunteers be aware of these factors, as they should not refer an inappropriate volunteer to another HIV/AIDS service agency or waste the volunteer's desire and skill simply because they are not useful in their organization. A good component to include in the exit interview is an organizational/program evaluation which is completed by the volunteer. This evaluation will provide the volunteer with the opportunity to clarify her/his volunteer needs and provide the organization with ideas to improve its volunteer program.

POLICIES AND GUIDELINES



**COMMUNICA-
TION**

Open communication is the most crucial component of program maintenance. Once the volunteer has completed the training sessions and received her/his assignment, regular contact and communication with the organization is very important. For many organizations, volunteer newsletters serve this role. This method of communication, via mail or employee boxes, is highly effective for volunteers who do not work in-house, such as home health aides, buddies, or outreach workers. The volunteer newsletter is a good and appropriate place to announce training, new volunteers, organizational decisions, and new programs, and to say good-bye to volunteers that are leaving. Whatever mechanism an organization chooses to communicate with its volunteers, it is imperative that this process take place.

**EMOTIONAL
SUPPORT**

Working in AIDS services, be they direct or indirect, is a stressful and sometimes confusing environment. The issues which HIV/AIDS forces individuals to deal with are very emotional. This applies to both paid and volunteer staff. Although direct client services may be more stress-inducing, there is no reason to believe that office support volunteers are not in touch with the stresses of AIDS-related work. Lending emotional support and staying abreast of the way in which the volunteer is dealing with these stresses will prove invaluable to the program. Many ASO's provide support groups for both paid and volunteer staff. In agencies providing direct services this consistent support is critical to maintaining performance and morale.

The best way to insure volunteer participation in support groups is to:

- 1] require that the volunteer attend as a part of their job responsibilities, and**
- 2] make the volunteer aware that this requirement exists during the volunteer interview or orientation.**

Emotional support is crucial to volunteer maintenance and should never be compromised. While some organizations may hesitate to take more of the volunteers' time, and some volunteers, especially ones who have performed in ASO volunteer positions before, may feel consistent support is not necessary, it is the responsibility of the staff person in charge of volunteers to stress that it is.

Some organizations choose to have monthly meetings, with a rap group format where volunteers can discuss emotions relevant to their job assignment. Other agencies, particularly those serving PWA's may want to employ a trained psychotherapist to help volunteers deal with

emotions such as anger, loss, grief, and hopelessness, all of which are common responses to issues of illness, death and dying.

An organization must have policies, defined as "*a decided process for implementation*" and without them both volunteers and paid staff suffer. Due to the nature of the AIDS epidemic and the rapid growth experienced by most ASO's there exists the need for set principles which guide organizational decision making and program design and implementation. There is no substitute for carefully planned and clearly defined policies and procedures.

Policies and guidelines should include a clarification of organizational mission, target audience and program goals and objectives. In terms of organizational mission, the organization must provide a clear definition of the need the organization is responding to. This information should be available to the individual before she/he makes a commitment to volunteer. A vague or incomplete mission will result in confusion and the possible loss of volunteers. Organizational mission can be related in a printed Statement of Purpose, which can be discussed during the initial interview, included in volunteer job applications, or handed out at volunteer training. This Statement should include information on who the organization serves, how and why they serve this target group, and what will be accomplished in meeting these expressed needs.

Due to the psycho-social and political climate which surrounds HIV disease/AIDS and related services, confidentiality and privacy issues become critical to organizational and program success. Since confidentiality is most often breached by casual conversation it is important that staff, both paid and volunteer, be discouraged from discussing clients and intra-organizational information in open conversation. Breaches of confidentiality may cause damage to agency reputation, volunteer-agency relationships, or more importantly the well being of the client.

Community based organizations tend to have a rather symbiotic relationship with the community. The organization often commits to meeting one or more community needs and then depends upon the community to provide some degree of human resources. As such, the life of the organization is inherently linked with the perception the community has of the organization's agenda. Although most community-based organizations would like to meet all of the community's needs, there are few agencies that can in reality accomplish this. Therefore it is the responsibility of organizational program planners and administra-

**THE NEED
FOR
POLICY**

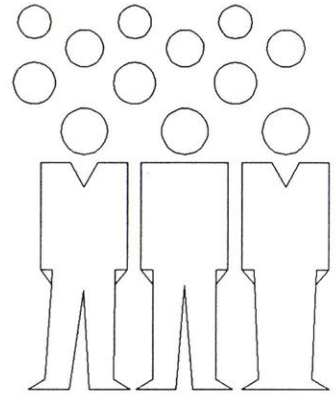
**CON-
FIDENTIALITY
AND
PRIVACY
ISSUES**

tors to commit to meeting some needs and remain firm and focused in this commitment. In light of these factors, an organization must remain in good standing with the surrounding community and confidentiality plays a key role.

When volunteers or paid staff take it upon themselves to discuss specifics of intra-organizational decisions or information on paid or volunteer staff the level of trust between individuals is decreased. A high degree of trust is beneficial to good working relationships and necessary to organizational development and focus.

The issue of confidentiality is extremely important when the organization offers direct services to PWA's. In fact, the confidentiality of client identity and client services is crucial enough that it should be a clearly spelled out policy to which the organization is committed. This means that there should be no exception to or deviation from strict confidentiality. Even "innocent" remarks regarding client identity, residence, or place of employment may result in termination of the individual's job or living arrangement. The contract of confidentiality should be understood fully by all paid and volunteer staff as well as the clients the organization serves. Any changes or alterations in confidentiality policies and guidelines should be discussed with all staff and clients so that everyone is aware of the current policy.

RECRUITMENT STRATEGIES



THE ASIAN\PACIFIC ISLANDER COMMUNITY

POTENTIAL NEED FOR VOLUNTEERS

Asian is a term used to define groups with origins in more than twenty countries, with a variety of traditions, languages, and religions. Some Asians are refugees from countries that have experienced recent political upheaval and/or war. Consequently, their experiences are similar to those of other refugees. For example, they may be low-income, undocumented, and lack English language skills (NMAC Report on AIDS and Ethnic Minorities, 1987). Often there also exists a diversity in the degree of assimilation into the dominant culture, from non-assimilated to highly assimilated. A strong cultural identification coupled with any or all of the aforementioned barriers reduce the likelihood of some portions of the Asian community receiving current AIDS education/prevention messages. This lack of access along with a perception of not being affected by HIV disease/AIDS places the Asian community at risk.

It is true, based on CDC reports, that the incidence of AIDS is relatively low among Asian people. However, the incidence was once low among other groups that currently exhibit steady increases in numbers of AIDS cases. Asian communities in the US are moving to respond to this very real threat. Many need to focus on education and prevention messages, informing the community that HIV/AIDS is an issue that must be addressed. In some instances this can be done across the different cultures, in other instances messages and outreach strategies must be even more specific.

GAY AND BISEXUAL MEN

Gay and bisexual Asians are a minority within a community that already suffers the repercussions of low visibility. Because of the conflict between individual's choices and community expectations, many gay and bisexual men do not identify with the gay community; they consider themselves members of the Asian community. So like many other minority men, education and prevention messages targeted at the gay community are not internalized by these individuals. The potential risk of "having sex with other men" and transmission of HIV within their communities is not always perceived as a threat.

INTRAVENOUS DRUG USAGE

Although sexual intercourse is the primary mode of HIV transmission, the sharing of needles during intravenous drug use (IVDU) is another major route, especially in heterosexual populations. This fact is magnified among ethnic minorities in general. According to the Report of

the Secretary's Task Force on Minority Health (1987) it is less devastating among Asian/Pacific Islanders.

There exists relatively limited data on the incidence of IVDU among Asians. The available data suggest that it is lower than among other ethnic minorities and whites. The data is obtained by assessing the ethnicity of individuals presenting themselves for treatment. This factor, when combined with the low rate with which Asian refugees access US public health agencies, does not allow definitive conclusions to be drawn regarding intravenous drug users within the Asian community.

It is important to note that in the Asian community, both refugee and non-refugee, IVDU is more prevalent among women (Report of the Secretary's Task Force on Minority Health (1987)). This will undoubtedly affect rates of peri-natal transmission. In addition to higher levels of IVDU, Asian women are also at risk for HIV via sexual transmission. Much like in other communities, the male power structure which exists in society also manifests itself in male-female interpersonal relationships.

When reading information regarding the incidence of AIDS diagnosis in the Asian community there is a tendency to feel that the numbers are small. Although the documented incidence of AIDS in the Asian community is low by comparison to the gay males, there are Asians with AIDS. There is as yet no determination of how many Asians are HIV infected, and there is little information on the level of risk behaviors of many Asian individuals.

Education and outreach in the Asian community will be a primary goal of volunteer programs, especially those targeting non-assimilated individuals. This statement **is not** to suggest that client services are not major issues as well, quite the contrary. As has been demonstrated in the gay, African-American, and Latin communities, inadequate education and prevention messages eventually manifest themselves in increased incidence of HIV transmission and thus increases in the incidence of AIDS.

The issues cited here make it apparent that increased inquiries into HIV disease as it impacts on all aspects of the Asian community are necessary and implies a need for education and prevention messages, advocacy for PWA's, and client-centered services, all possessing a high degree of sensitivity to many different cultures and languages. There exists an obvious and pressing need for Asian volunteers.

RECRUITMENT
STRATEGIES

In designing recruitment strategies for the Asian community, the distinctions between different Asian cultures and the relationships between them should be clear, both in terms of who the organization serves as well as the type of volunteers desired. If the project is serving Filipino women then Chinese male volunteers should be, and probably are, deemed inappropriate. Although, as cited, there exists a diversity among Asians that is not evident among some other ethnic groups similarities do exist. Some common cultural traditions that exist in the varying Asian\Pacific Islander communities are a strong religious identity and a high level of respect for family. Although there is diversity in religious identity the Asian community tends to identify quite readily with information and advice which is delivered via religious leaders. Much like we find among African-Americans and Latinos, the inclusion of religious institutions in all aspects of responding to HIV disease/AIDS in this community will prove valuable. In contrast to some western religious principles, many Asian religions do not condemn homosexuality. Therefore, when including the religious community in education and services, the primary issue is not homophobia as it relates to religion but, the conflicts between this life-style and expected family roles.

**Factors which facilitate successful recruitment
of Asian volunteers:**

- *A high degree of sensitivity to and awareness of the diversity of Asian cultures.
- *Programs or projects which are either supported by or affiliated with religious organizations will facilitate a positive response to volunteer position announcements.
- *If the program is serving more than one ethnic group bilingual recruitment and training materials are helpful, if not necessary.
- *A sensitivity to the differences between individuals which result from language and economic barriers, and legal status, such as documented, undocumented, or citizens.

THE NATIVE AMERICAN COMMUNITY

Native Americans include American Indians, Aleuts, Alaska Eskimos, and Native Hawaiians. Information is not equally available on all Native American communities and is more accessible on American Indian communities than any other group.

**POTENTIAL
NEED FOR
VOLUNTEERS**

American Indians constitute about seven-tenths of one percent of the U.S. population. These relatively low numbers, combined with other factors, make it difficult to acquire definitive health-related statistics. National health services tend to assess American Indians not living on reservations, about 68 percent, and Indian Health Services tend to provide information on individuals living on reservations, about 30 percent. This division works to prevent the formulation of a valid assessment of the health status of American Indians. When the inquiry becomes AIDS specific facts become even more evasive.

The American Indian community suffers from a wide variation in community needs concerning HIV disease/AIDS. Some specific differences encountered when providing education and client services to American Indian populations are a reliance on a holistic approach to health care and an attachment to family, tribe, and the land itself. These factors must be understood by and incorporated into organizations and materials targeting the American Indian population, especially those individuals who reside on reservations and/or exhibit a greater identification with traditional practices.

Among U.S. AIDS cases the CDC reports that over 60 have occurred in Native Americans. Although these individuals are represented in all transmission categories, they are disproportionately represented among IVDUs. This indicates that there exists a great need for educational materials addressing risk reduction for IVDU. Researchers report that American Indians are twice as likely to present themselves to drug treatment agencies than whites. In fact, American Indians seek drug treatment at a rate twice that of the white population. Of the American Indians presenting themselves for treatment 45 percent cite heroin as their primary drug, for those over 25 years old the incidence rises to 83 percent.

**INTRAVENOUS
DRUG USERS**

The incidence of diabetes mellitus is high among American Indians, and reports state that IVDUs will share needles with a diabetic family mem-

**RECRUITMENT
STRATEGIES**

ber. This provides a greater opportunity for transmission of HIV into the non-IVDU community in ways not commonly encountered in other populations. Therefore, information and outreach on safe needle use targeted for this community should not be limited to illegal drug use. As is seen in the Asian community, differences within American Indian communities are often reflected in degree of assimilation into the dominant culture. Many practices and mores which are present in the dominant culture are in direct contrast to American Indian culture. Therefore cultural sensitivity is very important in the training and deployment of volunteers. Recruitment strategies must reflect this need by being creative, flexible, and vigorous.

**Factors which facilitate successful recruitment of
American Indian volunteers:**

- *A sensitivity to the practices, beliefs, and mores of different tribes.
- *An awareness of the different levels of assimilation of individuals currently living on reservations, in rural areas, and in urban communities.
- *An incorporation of a holistic approach to service delivery with proper inclusion of family and tribe.

THE AFRICAN-AMERICAN COMMUNITY

The African-American community has mobilized against HIV transmission on many fronts, primarily education and outreach. However obstacles such as homophobia and denial continue to impede progress. Many members of the African-American community continue to consider AIDS a disease which affect *"groups of people"* as opposed to one which results from an individual behaviors.

Many ASOs serving the African-American community are realizing that the need for client-centered services is increasing while the need for education and prevention messages has begun to decrease. There currently exist a large number of HIV/AIDS information materials targeted for the African-American community and many community leaders state there is no need for "another AIDS brochure". In contrast, many agencies addressing the impact of HIV/AIDS cite services for HIV positive individuals as a crucial missing link in the African-American community response.

This decreased need for education programs does not apply across the total African-American community. Problems persist in areas of outreach and education for the active IVDU community as well as women and youth. As a result, the African-American community is faced with the need for varied levels of education and client services for many diverse groups: IVDU, women, and youth, as well as a cohesive response to increases in pediatric AIDS cases.

Many individuals in the African-American community, as well as other ethnic communities, have had a series of negative experiences with public health delivery agencies. As a result, there exists a basic distrust, and subsequent hesitancy to seek services. The African-American community may combat this in different ways:

- 1] educating individuals on effective strategies to access the existing system or**
- 2] providing alternative agencies where the community may obtain sensitive and adequate health services.**

The design and implementation of either or both of these alternatives will require increases in volunteer involvement.

**POTENTIAL
NEED FOR
VOLUNTEERS**

**The need
for
education
and
outreach**

**RECRUITMENT
STRATEGIES**

The two most crucial components of a successful plan to recruit African-American volunteers are a well-designed program and organizational reputation. A well-designed program will be sensitive to the cultural and socio-economic diversities inherent in the African-American community. For example, the program should be accessible to working mothers, college students, youth, and young adults. Recruitment strategies, job descriptions, and hours requested must reflect this sensitivity.

Although the African-American community has a long history of community involvement, volunteering outside of the community is not as common. Therefore, volunteering in agencies outside of the immediate environment, national organizations, or traditionally white organizations may be a new experience for the African-American volunteer. Advertisements or announcements of volunteer programs/positions must reflect the high level of organizational desire for African-American volunteers.

Community service in the African-American community has often been in response to an obvious need. Many times the African-American community has rallied around an issue or a cause simply because the need to do so was so great. Many mainstream African-Americans do not feel or will not admit that HIV disease/AIDS presents a crisis in their communities and a humanitarian value system does not, by necessity result in a desire to volunteer. Denial is a major obstacle to change and the natural tendency to “*help out*” must be stimulated and cultivated via appropriate recruitment. Therefore, the need for African-American volunteers and information regarding the number of African-American people affected by HIV disease/AIDS must be stressed in volunteer recruitment and training strategies.

Data addressing the recruitment of African-American volunteers state that, when compared to whites, African-Americans initially feel less confident about their own abilities and the value of their contributions. These feelings manifest themselves in a hesitancy for volunteer contributions outside of the community. Consequently, volunteer job-descriptions, as well as the image of the program must reflect the desire for varied types and levels of skills. It must be clear to potential volunteers that the contributions and skills they possess are valuable and in high demand. This validation must be ongoing and be reflected in all levels of the volunteer process, from recruitment to evaluation.

The most effective recruitment strategies to attract African-American volunteers relay the desire and need for African-American volunteers. In

addition they provide information which assures the individual that she/he is qualified for the job. When these factors are present, the likelihood of a volunteer commitment is increased.

**Factors which facilitate successful recruitment of
African-American volunteers**

- *Recruitment messages should express the need as well as the desire for volunteers.
- *Messages should be explicit, with full job descriptions.
- *If the organization is not currently known by the community then a well-known and respected spokesperson may be necessary.
- *Sensitivity to the diversity of the African-American community, differences that exist in terms of socioeconomic status and sexuality.
- *The African-American community is represented in all transmission categories and if client services target one group then recruitment strategies should be specific to the target population.

THE LATIN COMMUNITY

POTENTIAL NEED FOR VOLUNTEERS

The needs for AIDS related services in the Latin community are similar in many ways to those found in the African-American and Asian communities. Much like the African-American community, the Latin community has been relatively successful in terms of outreach and education. AIDS information exists in both English and Spanish and many Latino/a individuals are aware of how HIV is transmitted and how HIV disease/AIDS affects their communities. This awareness has resulted in some behavioral changes, although this is not seen throughout the Latin community. The incidence of AIDS is increasing among Latin people.

INTRA- VENOUS DRUG USE

Although many individuals in the Latin community are aware of these issues, acting on this awareness and viewing the issue outside of its affects on gay men and IVDU's is thwarted by denial and homophobia. Some Latino men who have sex with other men never identify with the gay community. They do not access the AIDS information and services targeted to this community and may persist in believing that HIV is transmitted via "*sex between gay men*" and that infrequent sexual contact with other men is somehow not as risky. This type of denial has the effect of increasing the number of women, as well as heterosexual men, exposed to HIV.

The Latin community also experiences a significant level of HIV transmission via IVDU needle sharing. In fact, as of May 1989, IVDU was the cited risk factor in 38 percent of Latino males and 54 percent of Latina females diagnosed with AIDS. Additionally, 34 percent of the Latina women with AIDS contracted HIV via sexual contact with high risk men. These factors indicate that more education and outreach is necessary for the Latin community, especially addressing IVDU and heterosexual transmission.

As with the Asian community, Latin communities are not a monolith, but are represented by various and diverse cultures. Important distinctions exist with respect to Cubans, Puerto Ricans, Mexican Americans, South Americans, Central Americans, and Spanish. Some Latino/a individuals are from countries experiencing political upheaval or war, and many of these individuals are undocumented and therefore remain outside of mainstream service agencies. Language barriers and varied degrees of assimilation present additional obstacles to the provision of sensitive and effective AIDS related services.

The Latin community exhibits dual needs for AIDS services. On the one hand there exists a need for education and outreach to specific groups within the Latin community, these include bi-sexual men, women, youth, undocumented persons, and active IVDU. On the other hand, the need for direct services for various individuals, including women, infants, and undocumented persons which presents a unique challenge. This need for "dual-service delivery" will require a high degree of human resources. Individuals providing these services must be aware of and sensitive to both the obvious and subtle differences found in different ethnic groups, as well as those which present themselves within the Latin population. This need may be best met by Latina/o volunteers offering assistance in both areas of education and client-services.

**RECRUITMENT
STRATEGIES**

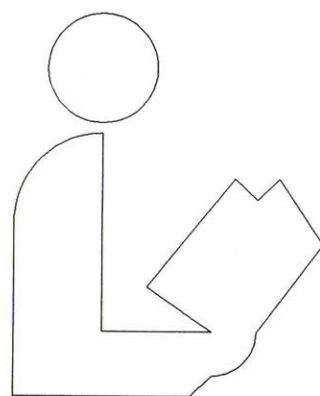
In designing recruitment strategies for the Latino community the distinctions between sub-populations should be clear, both in terms of who your organization serves as well as who they desire as volunteers. If the clientele of the Buddy program is 80 percent Puerto Rican it will prove inappropriate to outreach to Mexican Americans.

Certain cultural characteristics are common to many Latin persons such as the use of the Spanish language and large or extended families. Recruitment strategies should take into consideration the need for bilingual materials. In addition, numbers of potential volunteers will likely increase with the inclusion of programs for youth and elderly people. Finally, and perhaps most important is the importance of the church in community activities. Many Latin Americans are Catholic, however this may vary with nationality and economic status. Although adult males may be less connected to the church, younger males and females are typically more active. Church-sponsored or supported programs are often more attractive to the community at large. Additionally, females and youth experience more freedom to respond to or participate in church-related events or programs.

**Factors which facilitate successful recruitment of
Latin persons:**

- *A sensitivity to differences between Latin individuals in terms of degree of assimilation, language and socioeco-nomic status, as well as ethnic background such as Cuban or South American
- *Programs which are sponsored or supported by the church may be more easily accepted by the community.
- *A sensitivity to legal status such as documented, undocumented or refugee status.

APPENDICES



MINORITY AIDS PROJECT

VOLUNTEER INFORMATION

DATE: _____

NAME: (Ms.) (Mrs.) (Mr.) _____
(Last) (First) (Middle)

SIGNIFICANT OTHER'S NAME: _____

ADDRESS: _____ City: _____ Zip _____

PHONE: Home _____ Business _____ Birthdate _____

MARTIAL STATUS: _____ Occupation: _____ So's: _____

ARE YOU A STUDENT? Yes ___ No ___ If so where? _____

CHILDREN: Yes ___ No ___ If Yes, How Many? _____ Age(s) _____ Babysitting
Available _____

LANGUAGES SPOKEN: _____ Do you sign? _____

HOURS AND DAYS AVAILABLE FOR SERVICE:

Please fill out the attached VOLUNTEER SCHEDULE

INTEREST, SPECIAL TRADES, SKILLS, HOBBIES:

Booths ___ Carpentry ___ Clerical ___ Cleaning ___ Cooking ___ Counseling ___ Crafts ___
Delivery ___ Filing ___ Fund Raising ___ Gardening ___ Hair Care ___ Mailing ___ Maintenance ___
Metals ___ Odd Jobs ___ Painting ___ Photography ___ Plumbing ___ Public Speaking ___
Reception ___ Research ___ Telephoning ___ Tree Trimming ___ Typing ___ Updating ___
Visitations ___ Yard Work ___ Word Processing ___ Xeroxing ___ Other _____

WHY DO YOU WANT TO VOLUNTEER?

HOW DID YOU FIND OUT ABOUT OUR VOLUNTEER SERVICES?

DRIVER INFORMATION:

Do you drive? Yes ___ No ___ Driver's License NO. _____ Expiration
Date _____

Do you have car/truck available? Yes ___ No ___ Other _____ Capacity of passengers _____

Automobile Insurance Co. _____ Name of Agent _____ Phone # _____

Policy # _____ Coverage, Property Damage: _____ Expiration Date _____

Public Liability: _____ Collision: _____ Medical _____

MAJOR SUBJECT STUDIED IN SCHOOL: _____

OTHER COURSES OF TRAINING YOU THINK WOULD BE RELEVANT: _____

WHAT IS YOUR CURRENT JOB, IF EMPLOYED: _____

PREVIOUS EMPLOYMENT: _____

LIST ANY ORGANIZATIONS OF WHICH YOU ARE AN ACTIVE MEMBER: _____

NAME AND ADDRESS OF TWO REFERENCES NOT RELATED TO YOU:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

PERSON TO CALL IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

COMMENTS: _____

NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER

Hotline Volunteer Data Form

Name: _____ Sex: Male Female

Occupation: _____

Address: _____

Employer: _____

Home Phone:() _____ Work Phone:() _____

Hotline Shift: _____

Please circle any shifts you could work on an Emergency Basis:

<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THUR</u>	<u>FRI</u>
9-1	9-1	9-1	9-1	9-1
1-5	1-5	1-5	1-5	1-5

Your Training Date is MAY 6, 1989

In Case of Emergency Contact: _____

Home Phone:() _____

Work Phone:() _____

The following information is voluntary:

Education Level: _____ Major: _____

Ethnic Background: _____

Date of Birth: _____

BEBASHI
Blacks Educating Blacks About Sexual Health Issues
Volunteer Information & Interest Form
Please complete the Appropriate Relevant Information.

NAME _____

HOME ADDRESS _____

CITY _____ ZIP _____ PHONE _____

NAME OF EMPLOYER _____ POSITION OF TITLE _____

CITY _____ ZIP _____ PHONE _____

ADDRESS TO WHERE MAIL SHOULD BE SENT _____ HOME _____ BUSINESS _____

BIRTH DATE _____

SEX _____

RACE _____

IF YOU WOULD LIKE TO BE TRAINED TO ASSIST OUR COMMUNITY THROUGH BEBASHI'S COMMUNITY EDUCATION PROGRAMS, PLEASE INDICATE THE AREA IN WHICH YOU WOULD MOST LIKE TO VOLUNTEER.

Outreach _____ Office _____

General Community Outreach

A broad community outreach project which includes workshops, presentations, and seminars to civic and social associations, churches, schools (public, private, trade/vocational, universities, sororities, and fraternities), community centers and neighborhood associations; health fairs; professional associations, and community advocacy organizations. Panel discussions are offered, basic AIDS information is distributed and discussed, and usually condom distribution is included.

Office Work

Answering phones, typing, assist in the preparation of newsletter mailings, meeting preparation (including room set-up, telephone calling) assist in preparation for special events, bleach bottle and packet preparation, door-to-door outreach work, perusing newspapers and other printed materials for AIDS articles and information, assignment to a project manager for tasks not outlined.

PLEASE INDICATE THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER.

DAYS: _____

TIMES: _____

Please Print

National Minority AIDS Council

Volunteer Application

DATE _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

DAYTIME PHONE () _____

EVENING PHONE () _____

WHERE DO YOU WORK? _____

OCCUPATION _____

EDUCATION:

Please
list all
majors /
degrees

HIGH SCHOOL _____ GRADUATED: YES NO

COLLEGE _____ GRADUATED: YES NO

POST GRAD _____ GRADUATED: YES NO

TRADE _____ GRADUATED: YES NO

TIMES AVAILABLE {CIRCLE APPROPRIATE RESPONSE} DAY EVENING WEEKENDS

HOW DID YOU HEAR ABOUT NMAC? _____

WHY DO YOU WANT TO VOLUNTEER? _____

HAVE YOU EVER DONE ANY PREVIOUS VOLUNTEER WORK? YES NO
IF YES, PLEASE LIST THE ORGANIZATIONS AND TYPE.

WHAT DID YOU ENJOY MOST ABOUT YOUR PREVIOUS VOLUNTEER EXPERIENCE?

WHAT DID YOU DISLIKE THE MOST?

WHAT IS YOUR LEVEL OF HIV/AIDS KNOWLEDGE?

Very High High Moderate Low Very Low

HAVE YOU HAD ANYONE CLOSE TO YOU AFFECTED BY HIV/AIDS? YES NO

IF YES, WHEN? _____

HOW WERE THEY AFFECTED? _____

WHAT WAS THEIR RELATIONSHIP TO YOU? _____

WOULD YOU ATTEND AN AIDS 101 AND NMAC ORIENTATION? YES NO

WILL YOU BE ABLE TO TRAVEL? YES NO

FOR WHAT LENGTH OF TIME CAN YOU VOLUNTEER? 1 MONTH 6 MONTHS 1 YEAR

PLEASE USE THE SPACE BELOW TO INCLUDE ANY OTHER INFORMATION THAT YOU FEEL MAY BE USEFUL.

MINORITY AIDS PROJECT
HEALTH EDUCATION AND OUTREACH VOLUNTEER STAFF

Name _____ Date _____

Address _____

Do you have a car to use? _____

Work Phone () _____ Can we contact you at work? _____

Home phone () _____ Hours _____

Occupation _____

Are you currently employed? Yes _____ No _____ If Yes, hrs. wk. _____

Availability: Day hrs. _____ Evening hrs. _____ Weekend hrs. _____

Skills/Experience/Hobbies/Special Talents:

_____ Typing	_____ Artist	_____ Counseling
_____ Computer	_____ Photography	_____ Fund Raising
_____ Word Processing	_____ Performing Artist	_____ Recruiting
_____ Writing	_____ Public Speaking	_____ Teaching
_____ Graphic Arts	_____ Research	_____ Other

Languages

Spoken: _____ Written: _____ Read: _____

Do you hold a license in any occupational field? Yes _____ No _____

If Yes, what kind? _____

Have you had any AIDS education training? Yes _____ No _____

If yes, where & when: _____

Are you willing to commit to 4-6 weeks of AIDS Ed. Training with M.A.P.? _____

How did you hear about the Minority AIDS Project Health Education
volunteers? _____

Are you interested in being: (Check)

Speakers Bureau Volunteer _____

Special Events Assistant _____

Information Booth Volunteer _____

Bar Outreach Volunteer _____

In-Service Seminars Outreach Volunteer _____

Outreach Distributor of Ed. Brochures _____

Community Intercept Volunteer _____

Additional Comments: _____

BEBASHI VOLUNTEER ACTIVITIES

Education Project - Specific Training.

Home parties, newsletter, bilingual

- Children and Youth Education Project
- Women and AIDS Education Project
- Drug Outreach Project
- Low Income Housing Education Outreach Project
- Brother-to-Brother Education Outreach Project

Volunteer Office Staff

Office activities

- Assist with word processing, filing, photocopying, inventory and supplies, frequent mailings
- Information and referral
- Counselling Intake Program

Development

Special events including the "Walk of Life," "Super Sunday"

- Fund raising
- Thank You squad - requires a good dose of high spirits, ensures that each donor receives a personal thank you note
-

Volunteer Resources/Services

Volunteer educators organize open house, monthly events calendar, volunteer appreciation events, and develop CEP for volunteers

Ecumenical Interfaith Information Center

Provide ministry and spiritual support from a variety of backgrounds and beliefs to those whose lives are touched by AIDS. Offerings include individual and family counselling, retreats, healing services, and educational outreach to local religious groups

b

VOLUNTEERS

There are six essential areas where volunteers are needed:

Low income housing, Women and Aids, Children & Youth, Drug Abuse, Brother to .
Bother, & Office Assistance.

You as a volunteer would assist in any of the following basic areas:

Health Fair Tables; setting our booths with our brochures, & condoms.

Assisting in our office: Typing, copying, answering phones, filing,
and other related office activities.

Becoming a part of our speakers Bureau.

Outreach projects: which include home parties based at volunteers home,
with friends & family,
Distributing survival kits, pamphlets both on
the streets, from door to door, shopping malls
bars ect.

Helping with news letters.

Fund raising efforts: for example; Walk of life, personal donations, along
with any input you can offer.

Additional training will be given in specialized areas.

NMAC VOLUNTEER SKILLS ASSESSMENT

NAME _____

I SPEAK THE FOLLOWING LANGUAGES: _____

IN MY FREE TIME I LIKE TO: _____

I POSSESS THE FOLLOWING SKILLS:

TYPING

EDITING

WRITING

GRAPHICS

CARPENTRY

COMPUTER

NEWSLETTER

COUNSELING

FUND-RAISING

ADMINISTRATION

INTERVIEWING

PUBLIC SPEAKING

WORD PROCESSING

ACCOUNTING/BOOKKEEPING

PROPOSAL WRITING

PROGRAM MANAGEMENT

OTHER (Please List)

FURTHER EXPLANATION OF COMPUTER OR TYPING SKILLS. _____

FURTHER EXPLANATION OF WRITING, EDITING, AND/OR GRAPHIC SKILLS. _____

VOLUNTEER JOB CHOICE/S 1) _____ 2) _____ 3) _____

The National Minority AIDS Council needs volunteers to serve the following functions, please review and list your first three choices in the spaces provided above.

1) **EXECUTIVE SECRETARY (E.D./E.A.):** Deals with correspondence and filing for both the executive director and the executive assistant. This individual(s) will be requested for the 2nd and 3rd shifts.

2) **ADMINISTRATIVE ASSISTANT (DIR. OF ADMIN./FINANCE):** Deals with filing, fund raising/development task, and research pertaining to fund-raising possibilities, development issues. This person will also assist in meeting proposal deadlines - performing task such as collating pages. This person will be requested for both 2nd and 3rd shifts.

3) **RECEPTIONISTS:** Responds to phone, mail, request for general NMAC/AIDS information, mail general information packets. These persons will be requested for the 2nd and 3rd shifts. Duties outlined as follows:

(**2ND SHIFT**) : Phone, Mail, Reception, Responds to general NMAC/AIDS information request..

(**3RD SHIFT**) : Same as above with additional responsibilities of as well as coordinating use of reading/resource room. This additional responsibility is feasible due to reduced phone and reception duties during these hours.

4) **DATA ENTRY/MEMBER SERVICES:** Deals with member/information mailings and updating of data base. Member services may include responding to publications request on some or all levels. This person will be requested for the 3rd shift.

5) (3) **COMMUNICATION/MEDIA PROGRAM ASSISTANT:** There will be three persons involved with this facet of the volunteer pool. We will request two writers who will complete their task either off-site or on-site, and will be requested for any/all shifts. These persons will perform some writing duties as well as research for editorials, the NMAC Update, and the H.E.A.L. Newsletter, an additional person will be responsible for correspondence, filing, and other office/clerical duties associated with this department. This 3rd person will be on the 3rd shift.

6) **RESOURCE/ARCHIVES:** Deals with cataloging, research, responding to TA request as well as staffing of the reading room. This person will be on the 3rd shift.

7) **ADMINISTRATIVE ASSISTANT FOR PROJECT H.E.A.L.:** Deals with the filing and some correspondence specific to the project. This person will be on the 2nd or 3rd shift..

8) **ADMINISTRATIVE ASSISTANT FOR TECHNICAL ASSISTANCE PROJECTS:** Responsible for the filing and some correspondence specific to projects. Will also assist the Volunteer Coordinator with managing the NMAC volunteer pool.

AIDS PROJECT LOS ANGELES VOLUNTEER ORIENTATION AGENDA

(as of July 11, 1988)

Background music...

All participants are to receive a name tag, manila envelope (to keep) and job description booklet (to review and return). People are to be checked in on orientation roster. Encourage people to begin to review job descriptions.

- 1:00 p.m. Facilitator identifies self (first and last name and position at APLA), welcomes participants and asks them to give their full name and occupation. [Indicate location of rest rooms.]
- 1:05 p.m. VIDEO: Dan Morin welcome and set up of networking exercise.
- 1:10 p.m. Facilitator arranges participants into groups of 3 or 4 depending on total size of group.
- 1:25 p.m. VIDEO: Dan Morin post-exercise comments, intro of Elizabeth Taylor CTL-II comments, ET comments, DM post-ET comments, intro of AIDS video, AIDS video, DM post-AIDS video comments and announces 1st break.
- 1:55 p.m. B-R-E-A-K (background music)
- 2:10 p.m. Facilitator reforms participants into original groupings to discuss AIDS video. Groups to elect one spokesperson to share the most important question and most important issue raised by the AIDS video.
- 2:20 p.m. Sharing of questions/issues, responses from facilitator and interaction among participants.
- 2:40 p.m. VIDEO: Dan Morin (history of APLA), intro of on-site visits, NOLP, Our House, Dental Clinic, Hotline and then...

Facilitator announces 2nd break.
- 3:10 p.m. B-R-E-A-K (background music)

APLA Volunteer Orientation Agenda (continued)

- 3:25 p.m. VIDEO: Dan Morin post-on-site comments and intro of personal interviews with volunteers and clients.
- 4:05 p.m. Groups reform to discuss videos and job descriptions.
- 4:15 p.m. Spokesperson shares questions and comments with entire orientation audience. Facilitator fields questions.
- 4:25 p.m. Facilitator provides current information about volunteer program choices (refer to job descriptions).
- 4:30 p.m. VIDEO: Dan Morin introduces Ted Petrella, TP discusses volunteer info packets, agreement form, screening form.
Facilitator passes out appropriate forms.
- 4:35 p.m. Facilitator distributes agreement forms and screening form to participant by name, participants fill out forms, completed forms and job descriptions are turned in to facilitator.
- 4:45 p.m. VIDEO: Ted Petrella discusses role of volunteers in APLA, Dan Morin mentions orientation eval and thx participants.
- 4:50 p.m. Facilitator distributes orientation questionnaires and thanks participants for their interest in volunteering.
- 4:55 p.m. Orientation concludes (participants turn in questionnaire).

SUPERVISOR'S CHECKLIST FOR ORIENTING A NEW VOLUNTEER

BEFORE THE NEW VOLUNTEER ARRIVES:

- ☐ Prepare meaningful tasks for the volunteer's first day
- ☐ Outline job responsibilities
- ☐ Set up work area with basic supplies/resources

FIRST DAY:

- ☐ WELCOME!
- ☐ Introduce new volunteer to other volunteers and staff
- ☐ Show layout of work area including:
 - Restroom(s), Emergency exit(s)
 - Lunchroom
 - Office equipment (i.e., copy machine, etc.)
- ☐ Explain basics of phone and internal mail system
- ☐ Discuss work hours (including breaks and lunch)
- ☐ Discuss procedures (i.e., smoking, phone answering, etc.)
- ☐ Discuss problem resolution: supervisor and/or volunteer coordinator available for help
- ☐ Make someone available to answer questions or for needed information

WITHIN THE FIRST MONTH:

- ☐ Review Job responsibilities
- ☐ Follow-up on new volunteer orientation, if necessary: question volunteer on information they may still feel they are missing



300 "I" Street, NE
Washington, DC 20002
Tel: (202) 544-1076
Fax: (202) 544-0378

Managing in the '90s
Recruiting, Retaining and Motivating Today's
Volunteers

Presented by:
Aids Office - San Francisco Department of Public Health
Aids Service Providers &
TASMA, A United Way Consulting Service

April 4, 1990

Workshop leader:

Betty Stallings. President, Building Better Skills
1717 Courtney Ave.
Pleasanton, Ca. 94588
515-426-8335

VOLUNTEER ASSESSMENT OF THE VOLUNTEER PROGRAM

As part of our continued effort to improve our volunteer program, we would like your responses to the following questions. All responses will be kept completely confidential. Do not sign the survey unless you wish to.

1. How long have you been volunteering with us? _____
2. What is the best experience you have had while volunteering with us? What is the worst experience?

3. To what extent do you think volunteers are accepted by the staff at our agency?
☐ Well accepted ☐ Generally well accepted, but some exceptions
☐ Mixed reception ☐ Generally not well, but some exceptions ☐ Not well accepted
4. To what extent do you think volunteers are involved in decisions that will affect their volunteer work?
☐ Well involved ☐ Sometimes involved ☐ Not well involved
5. To what extent do you think volunteers are accepted by clients?
☐ Well accepted ☐ Mixed reception ☐ Not well accepted
6. To what extent do you think volunteers feel comfortable with the assignments they are given?
☐ Comfortable ☐ Not very comfortable ☐ Don't Know
7. Do you feel that volunteers receive sufficient orientation about our agency when they begin work?
☐ Yes ☐ No ☐ Don't Know
8. Do you feel that volunteers receive enough training in how to carry out their assignments?
☐ Yes ☐ No ☐ Don't Know
9. In your experience, does your volunteer job match the description of work given to you when you were interviewed?
☐ Yes ☐ Somewhat ☐ No
10. Do you find your volunteer work to be interesting, challenging, and rewarding?
☐ Yes ☐ Somewhat ☐ No
If you answered "No," do you have any comments on why that is? _____
11. Do you think that volunteers are provided with sufficient feedback by those they work with?
☐ Yes ☐ Somewhat ☐ No ☐ Don't Know
12. Do you think volunteers have sufficient opportunity to advance in responsibility in this agency?
☐ Yes ☐ No ☐ Don't Know
15. Can you think of any new areas with which volunteers might be of help in our agency?

16. Can you suggest any ways that we might use to recruit new volunteers?

17. Overall, how would you rate our volunteer program? (Please circle. 1 = Terrible, 7 = Great)
1 2 3 4 5 6 7
18. Use the space below to make any other comments regarding our utilization of volunteers, or any additions you would like to make to your answers to the above questions:

Please return this questionnaire to _____ by _____.

New Survey Reveals 45% of Americans Volunteer

A new national Gallup survey on volunteering and giving, released by the philanthropic umbrella group INDEPENDENT SECTOR (IS) in mid-October, reveals that almost half of Americans (45%) volunteered an average of 4.7 hours per week in time to charitable causes and organizations in 1987. In addition, seven out of ten households in America contributed an average of \$790 to charitable organizations.

Entitled "Giving and Volunteering in the United States," this study is the largest of its kind ever undertaken. It provides the fullest assessment compiled to date about patterns, motivations and satisfactions of giving and volunteering, according to IS.

Among the study's most important findings is the fact that Americans of low to moderate income are more generous than upper income individuals in their contribution of volunteer time and money. For example, contributing households with incomes below \$10,000 gave an average of 2.8 percent of their income to charitable organizations or causes while those with incomes between \$50,000 and \$75,000 gave 1.5 percent, those earning between \$75,000 to \$100,000 gave 1.7 percent. Individuals with incomes over \$100,000 gave only 2.1 percent.

"Contrary to popular opinion, the well-to-do in America cannot be described as generous," said IS President Brian O'Connell. "A minority of those who are comfortable financially are good givers and some of the country's wealthiest give dramatically large sums, but as a rule, people of



means cannot be described as particularly caring. For that primary category of humaneness, it is the poor and struggling who generally lead the way."

The survey is the first of a series to be conducted every two years, according to Virginia Hodgkinson, the report's author and IS vice president for research.

"We tried to address certain questions," she said, "such as, Who gives and volunteers? To whom? How much? What determines giving and volunteering behavior? What are the motivations for giving and volunteering for various types of charitable causes? Is there a relationship between giving and volunteering to religious organizations and giving and volunteering to other charities? What are the public attitudes toward giving, volunteering and the performance of charitable organizations?"

Other survey findings include:

- Almost half (48%) of total contributions came from households with incomes below \$30,000.
- Those who volunteered gave an average 4.7 hours per week. This translates into 80 million persons giving a total of 19.5 billion hours. Conservatively estimated, the dollar value of the time contributed is \$150 billion.
- Many Americans are willing to volunteer but are not being asked.
- Three-fourths of the respondents believe that they should volunteer to help others, but half of this group did not volunteer in the past year.
- Of the 75 percent who believe that it is an individual's responsibility to give what he or she can to charity, 27 percent did not contribute.

- One-third of contributors thought that they did not give enough.
- One-quarter of those interviewed thought they should strive to give 5 percent or more of their income to charity. However, only 9 percent of households actually contributed 5 percent or more.
- Volunteering has a direct relationship to contributions. People who volunteer came from households that contributed an average of \$1,021 or 2.4 percent of household income, but among nonvolunteers, the contributions averaged only \$489 or 1.3 percent of household income.

The percentage of income contributed increases directly with the number of hours volunteered. Giving increased from 0.9 percent of household income among respondents who reported not volunteering to 3.0 percent of household income among those who reported volunteering 6 or more hours a week.

An overwhelming majority believes that:

1. Charitable organizations play a significant role in American society.
2. Charities are needed more today than five years ago.
3. People who give to charities should be able to take deductions for their charitable contributions on their income tax returns.

For information on how to obtain the summary report and full report, call INDEPENDENT SECTOR at (202) 223-8100.

METHODOLOGY

In March 1988, the Gallup organization conducted in-home personal interviews with 2,775 Americans 18 years of age and older. Respondents were asked a series of questions about total giving in their households in 1987. Then, as individuals, they were asked about their own volunteering, personal goals, motivations for giving and volunteering, and opinions about charitable organizations and the roles and responsibilities of individuals and government to help others.

QUOTABLES

"Volunteering is the highest service within our reach, an act of love... we empower ourselves when we share, when we give of ourselves for the sake of others."—Governor Mario M. Cuomo in closing New York's first Statewide Conference on Volunteerism sponsored by the Governor's Office for Voluntary Service

"Remember this. I can do something you can't do and you can do something I can't do. But we both have to do it."—Mother Teresa to Bob Geldof, Live Aid organizer

Discuss:

- 1. What trends are most impacting your organization?**
- 2. How are they impacting you? (challenges and opportunities, both)**
- 3. What strategies are you using or do you need to use to accommodate to this change?**
- 4. What barriers are (or will there be) to making these adjustments?**
- 5. How can you overcome these barriers so as to be able to respond effectively to the changing society and volunteer?**

MOTIVATIONAL ANALYSIS

Each of the following questions has three choices. Choose the one in each question which most closely fits your own motivations. Remember, there are no wrong answers. Place an "x" before the letter of your choice.

1. ☐ a. When doing a job, I seek feedback.
☐ b. I prefer to work along and am eager to be my own boss.
☐ c. I seem to be uncomfortable when forced to work alone.
2. ☐ a. I go out of my way to make friends with new people.
☐ b. I enjoy a good argument.
☐ c. After starting a task, I am not comfortable until it is completed.
3. ☐ a. Status symbols are important to me.
☐ b. I am always getting involved in group projects.
☐ c. I work better when there is a deadline.
4. ☐ a. I work best when there is some challenge involved.
☐ b. I would rather give orders than take them.
☐ c. I am sensitive to others - especially when they are mad.
5. ☐ a. I am eager to be my own boss.
☐ b. I accept responsibility eagerly.
☐ c. I try to get personally involved with my superiors.
6. ☐ a. I am uncomfortable when forced to work alone.
☐ b. I prefer being my own boss, even when others feel a joint effort is required.
☐ c. When given responsibility, I set measurable standards of high performance.
7. ☐ a. I am very concerned about my reputation or position.
☐ b. I have a desire to out-perform others.
☐ c. I am concerned with being liked and accepted.
8. ☐ a. I enjoy and seek warm, friendly relationships.
☐ b. I attempt complete involvement in a project.
☐ c. I want my ideas to predominate.
9. ☐ a. I desire unique accomplishments.
☐ b. It concerns me when I am being separated from others.
☐ c. I have a need and desire to influence others.
10. ☐ a. I think about consoling and helping others.
☐ b. I am verbally fluent.
☐ c. I am restless and innovative.
11. ☐ a. I set goals and think about how to attain them.
☐ b. I think about ways to change people.
☐ c. I think a lot about my feelings and the feelings of others.

ACHIEVEMENT MOTIVATED PERSON

GOAL: STRIVING FOR EXCELLENCE

CHARACTERISTICS:

Sets specific goals so that success can be measured.

Always wanting to do personal best

Likes to tackle problems and develop new solutions

Responds to challenge and takes calculated risks

Restless and innovative

Needs concrete feedback and tangible rewards

Strives to take on new challenges once a problem is solved or a task completed

Works well alone and completes tasks

AFFILIATION MOTIVATED PEOPLE

**GOAL: BEING WITH OTHERS AND ENJOYING
MUTUAL FRIENDSHIPS**

CHARACTERISTICS:

Needs warm and friendly relationships
and interaction

Concerned with being liked

Wanting to help other people

Concerned about being separated from
other people

Thinks about the feelings of other
people and himself

Works best with people they know

POWER MOTIVATED PEOPLE

GOAL: HAVING INFLUENCE OR IMPACT ON OTHERS

CHARACTERISTICS:

Concern for reputation, status, and prestige

Enjoys teaching others and giving advice

Is persuasive and wants his ideas to influence others behavior

Keeps his eye on the overall mission of the organization

Can work alone or in groups

Is self starting and seeks positions of leadership and authority

Personalized

I win - you lose

Socialized

I win - you win

VOLUNTEER JOB DESCRIPTION

Job Title:

Goal of the position:

Duties:

Supervised by:

Time commitment:

Qualifications:

In-service training provided:

Benefits for volunteer:

Job Description

(Sample)

Job Title: Volunteer Placement Interviewer

Goal of Position: To effectively interview and place
volunteers in agencies

**Desired
Commitment:** 6 months
1 day per week, 4 hr. minimum
attendance at training sessions
and interviewer staff meetings

Duties: Keep abreast of volunteer requests

Interview, by phone or in person,
prospective volunteers

Complete required paperwork and
refer volunteers to agencies

**Desired
Qualifications:** Good communication skills
Moderate typing skills
Flexible, dependable

**In-service
Training
Provided:** Interview training

Benefits: Training and experience provided
in interviewing, public relations

Exposure to many agencies and
activities in the community
Written job reference, if requested

Interviewing

Major Skills:

non-directive questioning

active (reflective) listening

attention to non-verbal

NON-DIRECTIVE INTERVIEWING SUGGESTIONS

1. What have you enjoyed most in previous volunteer assignments?
What have you enjoyed least? (ATTITUDES)
2. What kind of people do you work with best as co-workers?
What kind of people are you most interested in as clients
and why? Are there types of people you feel you'd be unable
to work with? (INTERPERSONAL RELATIONS)
3. What would you consider to be the ideal volunteer job for you?
Why? (MOTIVATION AND VALUES)
4. What things have you done that have given you greatest
satisfaction? (MOTIVATION AND VALUES)
5. Why are you interested in doing volunteer work? What are
your long-range objectives? (MOTIVATION)
6. What do you like to do in your leisure time? (VALUES)
7. What is your "energy" or "activity level" and how would you
describe your work habits? (WORK HABITS)
8. Thinking back, what are the most significant decisions you
have made in your life and how do you feel about them?
(DECISION MAKING)
9. What makes you really angry - on the job or at home - and
how do you deal with this anger? (EMOTIONAL STABILITY)
10. Tell me about your family. (EMOTIONAL STABILITY)
11. What kind of supervision do you prefer? (MOTIVATION)
12. Describe your temperament. What do you like best about
yourself? If you could, what would you improve?
(EMOTIONAL STABILITY)

TARGETED RECRUITMENT

Utilizing Marketing Techniques

MARKETING - a strategy that develops a mutually satisfying exchange between 2 parties.

ELEMENTS of Marketing:

1. Exchange of values
2. Timing
3. Market segmentation
4. Tailored message

given by whom?

Agency/Volunteer Agreement

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

I. AGENCY

We, _____ (agency), agree to accept the services of
_____ (volunteer) beginning _____.

and we commit to the following:

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

II. VOLUNTEER

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

III. AGREED TO:

Volunteer

Staff Representative

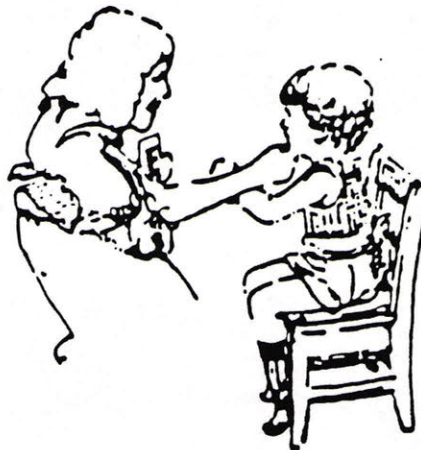
Date

Date

This agreement may be cancelled at any time at the discretion of either of the parties, but will expire automatically on _____ unless renewed by both parties.

Volunteer Recognition

A Year-Round Responsibility



The following list provides lots of ideas at a glance for recognizing your volunteers year-round as well as during National Volunteer Week. It is reprinted with permission from a recently revised handbook entitled, *From Here to There*, published by the Voluntary Action Center of the United Way in Dayton, Ohio.

A volunteer's pay is recognition and assurance that he/she is an equal partner of the agency or organization. Recognition, therefore, should be an integral part of the management process so that people feel valued and good about themselves and their organization.

WHEN TO RECOGNIZE VOLUNTEERS

1. At the time they sign up to volunteer:

- Send letter of welcome
- Issue I.D. card, name tags, uniform, etc
- Provide an orientation program
- Provide a parking space, lunch, coffee and/or mileage reimbursement
- Provide good job descriptions, training and supervision
- Provide RSVP benefits, if eligible
- Publish name of new volunteer in employee newsletter and/or volunteer newsletter

2. Daily or weekly:

- SMILE!
- Informal thank-yous by staff and volunteer coordinator.
- Document their time for evaluation.
- On the job praise.

3. Monthly:

- Volunteer of the Month.
- Appropriate evaluations.
- Articles in newsletters.



4. Annually:

- Special events where awards are given, such as a dinner, luncheon, reception, coffee or dinner dance
- Certificates, plaques and other awards for time spent volunteering.
- Gift of photo of volunteer at work or receiving award.
- Volunteer Appreciation Day—use facilities free of charge.

- "Turn-about" lunch—staff serve volunteers.
- Holiday parties
- Teenage pizza party.

5. At the completion of a special project:

- Say "Thank you"
- Send letter of thanks to volunteers and/or their boss or school or staff supervisor.
- Write article for newspaper or in-house publications about project
- Take out to lunch or for a coffee break.
- Promote to another job, give more responsibility.

6. At meetings with staff or groups:

- Tell about volunteer projects and individual volunteer accomplishments.
- Praise volunteers to others
- Have a slide show or film showing volunteers at work
- Invite volunteers to staff meetings
- Provide volunteers with outside training programs

7. On their birthdays or holidays:

- Send cards.
- Have an informal party

8. When they are sick:

- Send a get-well card
- Call at home

9. At the time they leave:

- Send a letter of thanks
- Give a certificate or resolution of appreciation.

- Send letter of recommendation to potential employer

10. During National Volunteer Week:

- Be a part of the community recognition activities planned by local Volunteer Center

WHERE TO RECOGNIZE VOLUNTEERS

1. Volunteer office or lounge:

- Have office available
- Have pictures posted

2. Hallway entrance to building or cafeteria:

- Have a bulletin board with pictures
- Display posters

3. On the job:

- Thank-yous and smiles
- Treat as an employee
- Invite to staff meetings

4. At home:

- Send a letter
- Call

5. At school or business:

- Send a letter

6. At church:

- Announcements in bulletin
- Encourage minister to talk about volunteering

7. At shopping centers:

- Display banner or billboard

8. At main intersection:

- Display banner or billboard

9. In all media:

- Newspaper—feature articles about volunteer projects and/or individual volunteers
- TV—commercial and cable
- Radio—news and public service announcements
- Slide shows or movies
- In-house publications
- Volunteer newsletters
- Professional journals or magazines
- TV documentary during National Volunteer Week

10. City Council or Commission meetings:

- Proclamation
- Mayor's Award for Volunteer Service

RECOGNITION OF STAFF WHO WORK WITH VOLUNTEERS

1. Thank staff members who are working cooperatively with volunteers.
- For special projects they worked on together
- For using volunteers' skills creatively

- For using lots of volunteers
- For taking time to supervise and train volunteers
- For showing their appreciation to volunteers

2. Send memo to department and supervisor recognizing their effort.

3. Award certificate to department who most effectively uses staff and talents of volunteers.

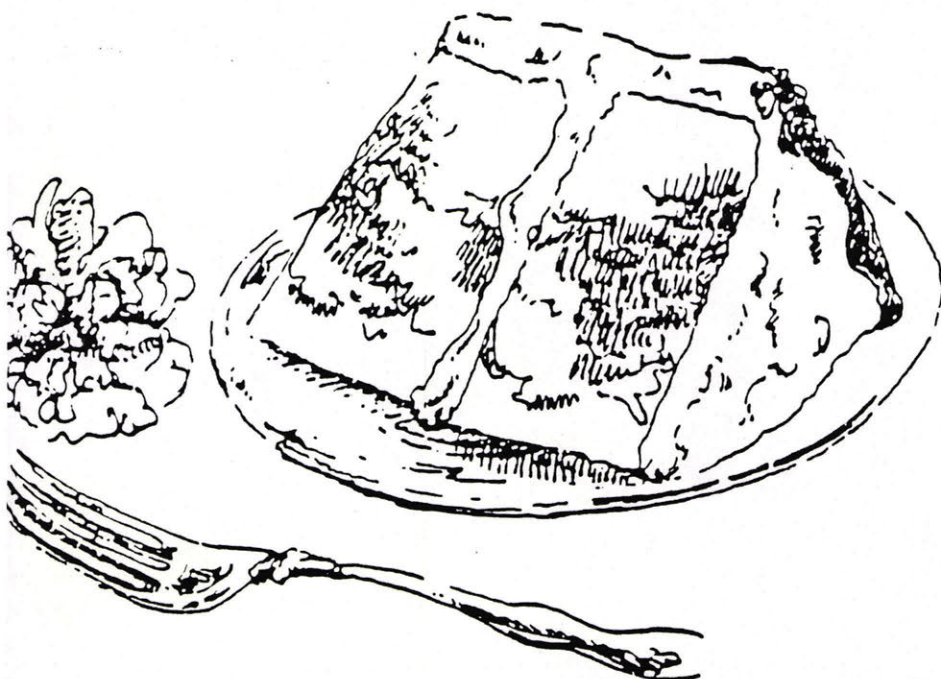
4. Invite staff to volunteer recognition events.

5. Remember, with today's budget cuts, some staff may feel forced to use volunteer assistance and feel negative toward them. Others may feel threatened for their jobs. Help staff to see the benefits of volunteer



assistance. Staff may not have even thought of using volunteers and something new is always frightening. Use this "crisis" as an opportunity to explore new ways of doing things. Many of the most loyal supporters of volunteer programs were very skeptical of the idea at first.

From Here to There--Management Techniques for Volunteer Programs, the manual from which this article was excerpted, comes in a 3-ring notebook and is divided into sections on key aspects of volunteer management—each presented in the same easy-to-read, bulleted format. It can be obtained for \$8.50 + \$1.50 postage/handling (prepaid) from: Voluntary Action Center of the United Way of Dayton Area, 184 Silem Ave, Dayton, OH 45406 (Descriptive brochure available, too.)



TEAM BUILDING EXERCISE

(Enhancing retention)

In a group setting or retreat, ask all members of the staff, board, or other group to share answers to each of these questions:

1. In what ways would you like to volunteer for this organization?
2. What specific support do you need from the staff etc. to enhance the performance of your volunteer work?
3. What do you need, in return, from the organization to keep you involved in it?

Volunteer Visitors for Patients with AIDS

Joan A. Dumont

AIDS is the most feared and dreaded disease in our lifetimes. Its explosive growth, its strange symptoms, its deadliness, and the mystery of its origins and future course all set AIDS apart from familiar diseases.¹

In the early days of AIDS when there were only a few AIDS patients at Bellevue Hospital Center and other hospitals across the country, a small volunteer program was established at Bellevue to provide socialization and comfort for these patients. In February 1984, seven volunteers were trained to visit three to ten hospitalized adult patients; recently 35 volunteers made 450 visits within a month to many of 130 patients with AIDS.

This paper describes the development of the Volunteer Visitor Program at Bellevue Hospital Center in the hope that the program can be a model. It was born of necessity in a hospital that was in the forefront of caring for AIDS patients even before the medical manifestations of the disease were clearly defined. These seriously ill patients had complex medical and psychosocial problems which professional staffs were trying to solve. Equally important, many patients were isolated, lonely and frightened and needed sensitive human contact. People from the community concerned about persons with AIDS came forward as volunteers to participate in the formation of the Volunteer Visitor Program. This was one of the first structured hospital programs with volunteers specifically visiting AIDS patients and assisting beleaguered staffs who provide their care. It was clear from the start that volunteers make a difference in socialization, in struggles with fear and

hope, and in the total case management. Perhaps other institutions or agencies planning to utilize volunteers with persons with AIDS can benefit from the trials and errors, problems and successes encountered at Bellevue.

BACKGROUND

Bellevue Hospital has cared for New York City's residents for more than 250 years. It has provided medical treatment since its origins as an almshouse and has turned no one away regardless of race, color, creed, nationality, or income.

One of the largest municipal hospitals in the country, Bellevue Hospital Center today has 1200 acute care beds and extremely active Outpatient and Emergency Services. It is affiliated with New York University Medical Center, whose clinical and research staffs have contributed not only to the care of patients but also to understanding of their diseases. NYU physicians have been deeply involved with AIDS research and treatment.

The Volunteer Visitor Program began in 1983 at Bellevue Hospital after Mead Bailey, a Bellevue chaplain and board member of the AIDS Resource Center, suggested that there were caring community people who wished to provide companionship to hospitalized persons with AIDS. The Aids Resource Center (ARC) is a nonprofit organization in New York City formed to meet the growing needs of Persons with AIDS (PWA's) which provides housing, support services, and pastoral care. ARC was a pioneer in developing services which were not available to PWA's and their families.

Joan A. Dumont, Director of Volunteer Services at Bellevue Hospital Center in New York City for eight years, developed several hospital volunteer programs to meet emerging inner city health needs, including the program described here. Active in local, state and national professional organizations, she was a founding member of the New York State Association of Directors of Volunteer Services (in Health Care Facilities). She is a member of the NYC Mayor's Voluntary Action Center Task Force on AIDS and on several advisory committees for agencies serving sick children. She is presently a consultant in volunteer management, and her interest lies in assisting programs utilizing volunteers to help AIDS sufferers or ill children.

Chaplain Bailey, already seeing PWA's as patients at Bellevue, was keenly aware of the lack of supports and services for them. He seized the opportunity to bring the resources of a community agency into a public, teaching hospital to try to meet some of the needs of patients with this baffling disease who were often alone and ostracized.

Planning for this program took several months. The AIDS Resource Center worked with the directors of Social Work and Volunteer Services and the chaplains to lay foundations within the hospital. First, approval to proceed was required from the hospital administration. Since Bellevue is committed to providing medical care for the sick poor, this was easily obtained. (Some hospitals were not supportive of such programs since they did not want to acknowledge the presence of AIDS in their facilities or the fact that special care was required.)

Bellevue had already formed a hospital-wide AIDS Task Force comprised of representatives of departments which had staff working with PWA's. Active members included physicians, nurses, health educators, social workers, administrators, and staff from the Infection Control, Personnel, Patient Advocacy, Methadone Maintenance, Child Life, Therapeutic Activities, Food Service, Housekeeping, Employee Health Services, and Community and Public Relations departments. Task Force members were encouraging and helpful in establishing the volunteer program. They were aware of the multifaceted approaches needed in this crisis.

The Task Force also assisted in promoting educational efforts so that all hospital employees, no matter what their jobs, were informed about this new and frightening disease. More specific information was required in many instances for better care of PWA's. In addition, it was necessary for staff to learn how to work with volunteers as well as patients in these new circumstances.

A program protocol, description of volunteer duties, and plan for training were developed. These initial steps as well as supervision, support, arrangements with staff on the units, recruitment, screening, and assignment were carried out by the directors of Volunteer Services and Social

Work with help from volunteers. The first volunteer, one of the original ARC group, had difficulty keeping in touch with the other volunteers due to his employment commitments. The second volunteer was a seminary student, also from ARC, who was able to be more involved. He worked closely with staff and volunteers and was invaluable in forming the foundations of the program. As the program grew, the directors needed more help with many functions; and a part-time coordinator, who later became full-time, was hired. The two departments continued to jointly manage the program and oversee all aspects.

THE PROGRAM

Volunteer Visitors at Bellevue visit adult patients with AIDS or AIDS Related Complex during their hospital stay. These patients are usually critically ill, have little hope of recovery, are faced with profound medical and social problems, and may have few family or friends. A visit might include a bit of conversation, listening to what may be troubling a patient, bringing a sandwich or soda, running an errand, or simply sitting and holding a patient's hand.

The program coordinator assigns volunteers to visit patients and works with the volunteers and staff to assess the needs of patients. In addition, he is responsible for the organization of all aspects of the program, is in constant contact with the volunteers, and conducts training and support meetings. He has expanded services for patients and broadened the role of volunteers now that he is full-time. As noted above, at first volunteers had assisted in coordinating and training functions. However, responding to the need for more and consistent staff, the Auxiliary to Bellevue provided the half-time salary for a professional coordinator which was supplemented by a grant from Chase Manhattan Bank to make the position full-time.

Thirty-five volunteers made approximately 450 visits to 113 of about 130 hospitalized AIDS patients in the month of May 1988. Since the program began in 1984, men and women, artists, clergy, members of church groups, professionals, people in business, students, retirees

and others who are not working, PWA's, people of all ages, both gay and nongay, have come forth. Although patients were primarily male homosexuals in the early days, now more than 80 percent of hospitalized PWA's at Bellevue are minority, intravenous drug abusers, and an increasing number, perhaps 10 percent, are women. Many of the volunteers are white, middle class, who require information about substance abuse and minority cultures in addition to discussion about ways to relate to disenfranchised people.

Recruitment

The first group of volunteers was referred to Bellevue through the AIDS Resource Center, which continued to help with recruiting, particularly with seminary students and clergy for whom AIDS was a new and compelling issue. Recruitment information and program descriptions periodically are sent to churches, community groups, and local papers. Articles in magazines and newspapers about the plight of PWA's have stimulated people with the desire to help to come in on their own. AIDS organizations and community volunteer centers have referred candidates, and word of mouth has brought PWA's as well as friends of patients and other volunteers. Recruiting of more minority volunteers and appropriate recovered substance abusers is indicated.

The flow of candidates has been slow but steady. During the past year, 75 potential candidates were trained in five training sessions. However, a continuous supply of new volunteers is essential as there is turnover due to burnout, even with good support and opportunities for taking time off. More than 150 volunteers have taken the training; 35 are currently active while several others are on leave.

Screening

Candidates for this program are not easy to assess. People who are caring, compassionate, sensitive to others, have a good sense of self, can listen, can advocate, and possess a sense of humor have emerged as having good potential as Volunteer Visitors.

There is a vast range of applicants, each with different reasons for wishing to vol-

unteer and each with an unusual personal story. A widow in her 70s wanted to help because she was indignant that "nobody cared about people sick with AIDS." A married couple, an actor and actress, volunteered because they had known people with AIDS through their work. A writer concerned about PWA's was also looking for experience to help him decide upon a career change. Others have had loved ones who have died of AIDS.

All candidates were screened upon first telephone contact by the Director of Volunteer Services who later interviewed them. Although a second interview originally was conducted by the Director of Social Work, now this responsibility lies with the program coordinator. It is important to note that the screening process continues through the training, at which time any problems related to the candidate's joining the program perceived by either the program staff or the candidate are resolved. A candidate who is unsure may, with more knowledge and self awareness, find the impact of involvement too great and decide to leave. Or, as in only a few cases, the program staff will suggest another assignment, perhaps not in direct contact with AIDS patients, at Bellevue or another organization.

Training and Support

All volunteers take the training in two four-hour sessions prior to being assigned to visit patients.² The training in June 1988 was the fourteenth program. Modifications and additions have been made through the years, reflecting the acquisition of new information, changes in the patient population, and volunteer feedback. Although individuals come in with varying amounts of information and diversity of experience, all must take the Bellevue training in order to ensure a baseline of knowledge.

The first training session provides an introduction to AIDS, including infection control, psychosocial aspects of AIDS, profiles of drug abusers, spiritual issues, and the role and responsibilities of the volunteer. During the second meeting, a PWA discusses living with AIDS, and participants explore their feelings and attitudes about issues such as illness, death and dying, minorities, homosexuality, and

substance abuse. Questions and open discussion are encouraged. These sessions are productive and promote the expression of true feelings and responses. The motivation of the participants creates a positive and dynamic tone that contributes to their learning.

A vital component of this program is the monthly support meeting. Conducted by the coordinator, there may be speakers to provide new information and perspectives but there is always opportunity to share in discussions about patients, issues, and emotions. These meetings are meaningful for the volunteers and also give the coordinator insights and information about patients and the operation of the program.

The "buddy" process by which most volunteers start their visiting is a valuable part of education and support. Usually, a new volunteer will accompany an experienced volunteer in one or two visits to patients, learning not only about visiting but how to find one's way around the hospital since the patients are on many different units. These first visits ease the way for new, nervous, and eager volunteers.

Operation of the Program

All candidates, no matter where they may be placed at Bellevue Hospital Center, must be medically cleared before they can volunteer. Specifically, they must have had a medical checkup within a year prior to serving and be cleared for hepatitis, rubella, chicken pox and tuberculosis.

Upon completion of medical clearances, volunteers obtain a jacket and identification which they must wear whenever they are serving in the hospital. It is important that the Volunteer Visitors are clearly identified to signify primarily to patients that they are visiting because they choose to do so, an important message in light of all the fears about AIDS. Also, they are often spotted by staff and asked to give additional assistance.

The coordinator first meets with patients, asking them if they wish visitors. Each volunteer is assigned one to four PWA's to visit and continues to visit the same patients while they are in the hospital. Some patients may have several

volunteers who visit at different times but are part of an assigned team. The volunteer team will often meet together or talk on the telephone in order to discuss each patient's needs. The use of teams with team leaders relieves the coordinator in a variety of ways but he is readily available for the volunteers.

A typical visiting experience for a volunteer with four patients might be as follows:

Patient A is new and recently diagnosed. He says he wants a Volunteer Visitor but is not feeling well enough to talk, and he is wary. The volunteer stays only a few minutes and says that he will be back another time.

Patient B had been discharged the previous day.

Patient C is in her room and pleased to see the volunteer whom she has known for many months during her hospital stays and clinic visits. There is easy talk about things they share as their friendship has grown. The patient reports that she will be released to an apartment with nursing coverage through the efforts of her social worker and the volunteer.

Patient D was difficult for this volunteer. An intravenous drug user who initially was moody and skeptical about the Volunteer Visitor's reasons for spending time with him, he had recently appeared glad for the visits and was able to talk. The volunteer had brought in a milkshake, which he had stored in the refrigerator in the Nursing Station. The Volunteer Visitor scheduled this visit at the end of the day so that he could spend unlimited time with the patient. Patient D was not in his room. He had died that morning.

The foregoing synopsis of 90 minutes of volunteer time produced a wide range of emotions for this volunteer and for which no one can ever be fully prepared.

It is obvious that volunteers in this program must be able to deal with diverse situations and feelings. Many bring extraordinary experiences and exceptional strengths. When asked in the initial interviews about knowledge of or contact with people who are substance abusers, some volunteers report that they, themselves, are recovered alcoholics or drug abusers. They have benefitted from "Twelve Step" or other recovery programs

and continuous support from their groups. They want to be Volunteer Visitors because they are grateful for their own recoveries and want to pay back. They bring with them an established pattern of helping others.

The Volunteer Coordinator plays a key role in providing support to all volunteers, particularly in their time of stress or sadness. His sensitivity and knowledge of the volunteers are vital not only in matching volunteers to patients but also in supporting their continuing relationships with patients. He is the resource and referral person who tries to obtain solutions for the problems patients present which, since the volunteers are not visiting as professionals, must be handled by appropriate hospital personnel.

The Volunteer Visitors have become part of the team at Bellevue. They handle themselves well, working along with various professional staffs, and are respected for their willingness to assist in many different ways as well as for their dedication to the patients. They also share with their peers in support meetings, giving and gaining, and contribute much of themselves at other times. Recent examples of their expanding activity are the formation, with supervision, of Alcoholics Anonymous, Narcotics Anonymous, and other support groups for patients as well as groups for adolescent children of AIDS patients.

A BROADER VIEW

Many aspects of this program are unique, reflecting the unusual characteristics of the disease compounded by the problems of the inner city. Patients have numerous medical problems and little hope for a long life. Their medical conditions change as do their related psychosocial problems and behavior. Hospital personnel and volunteers are called upon to help PWA's deal with pressing life and death issues, some of which contributed to their contracting the disease.

This program has been described with emphasis upon structure and management with several points that should be highlighted. Volunteers have given PWA's extra care, companionship and a personal touch for which paid staff lack the time, and sometimes interest or ability. A com-

munity agency brought volunteers to a public hospital which was unprepared to try to deal with this emerging crisis. The hospital responded quickly and gradually built a sound volunteer program. The strong cooperative efforts of two hospital departments in the successful management of a program with issues that involved many patients, different staffs, and volunteers are also important to note. The rallying of forces in crisis, even in a large, unwieldy institution, has been spectacular.

Today, the Volunteer Visitor Program is established with a four-year track record. The number of patients keeps on growing with changes in the demographics of the population. Volunteers will continue to make a difference, but more and varied groups should be recruited. They will need more education about the problems of the patient population, about minorities, about people who are disenfranchised and have been in trouble with the law. The needs of patients with AIDS are so numerous and complex that volunteers will be asked to assist with a range of tasks, some of them new, from leading AA and NA groups to providing escort services, home care, and office help. There is much that volunteer administrators will need to do to support these efforts.

Volunteers have made a significant impact on the care of patients with AIDS at Bellevue Hospital Center. They have provided the extra human resources to enhance patient care, to give hope to people who are in discomfort and despair, and to make life a little better for many individuals, even if for only a very short while.