

**Memorandum of Understanding
between
RSVP of Lake County
25 Public Square, Willoughby, OH 44094
(440)269-3015 Fax (440)975-3741 Email: Cristen.Kane@WESchools.org
and**

Organization Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Executive Director/CEO: _____

Volunteer Coordinator: _____

Website: _____

Mission of organization: _____

- Provided first page of 501C 3/4 tax status letter.
- Provided proof that agency is a health care agency

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This Memorandum of Understanding (MOU) contains basic provisions, which will guide the working relationship between both parties. This MOU may be amended, in writing, at any time with concurrence of both parties and must be renegotiated at least every three years.

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Basic Provisions of Memorandum of Understanding (MOU):

A. RSVP of Lake County Responsibilities:

1. Recruit, interview and enroll RSVP volunteers and refer volunteers to the volunteer station.
2. Instruct RSVP volunteers in proper use of monthly reports, reimbursement guidance and program procedures.
3. Provide RSVP orientation to volunteer station staff to placement of volunteers, and at other times, as the need arises.
4. Furnish accident, personal liability, and excess automobile insurance coverage as required by program policies. RSVP insurance is to cover out-of-pocket medical expenses of the volunteer.
5. Periodically monitor volunteer activities at volunteer station to assess and/or discuss needs of volunteers and volunteer station.
6. RSVP will offer reimbursement of mileage expenses to RSVP volunteers in financial need. Mileage applicable is for transportation between their home and volunteer station in accordance with RSVP policies. RSVP also has a contract for public transport with LakeTran.

- 8. **This MOU contains all the terms and conditions** agreed upon by the contracting parties. No other understanding, oral or otherwise, shall be deemed to exist or to bind any of the parties hereto.
- 9. **This MOU will be in effect upon dated signature** of the RSVP of Lake County program director.

The Volunteer Station representative who will serve as liaison with RSVP and who will be responsible for volunteer orientation and supervision is:

Name _____ Title _____

Phone _____ Email _____

Signature _____ Date _____

Signature of RSVP of Lake County Program Director:

_____ Date _____
 Cristen Kane, Director



RSVP Office Use ONLY:

- Provided first page of 501C 3/4 tax status letter.
- Provided proof that agency is a health care agency
- Timesheet provided by volunteers
- Timesheets provided by volunteer station

Date enrolled into database: _____

Special Notes: