

WCHO	<i>Policy and Procedure</i>		
Department Human Resources	# of Pages: 6		
Policy Name STUDENTS AND VOLUNTEERS	Type of Policy: [<input checked="" type="checkbox"/>] WCHO [<input type="checkbox"/>] Regional [<input type="checkbox"/>] Network		
Policy Number 05.006	Effective Date	Revision Date	Approval Date
Administrative/Board of Directors Sign Off			
Administrative Signature:		Date:	
Board of Directors Signature:		Date:	

Students and volunteers can play an important role in all aspects of Washtenaw Community Health Organization programs. WCHO is fortunate to be situated in an area with several major educational institutions (University of Michigan, Eastern Michigan University, Michigan State University and Wayne State University) that offer training programs of relevance to WCHO services. In addition, this area is populated by a large number of persons willing to share their time and skills on a volunteer basis. Opportunities for placements exist in all programs, and include a wide variety of clerical, managerial and administrative responsibilities.

I. PURPOSE

The purpose of this policy is to establish a procedure concerning the coordination and supervision of student and volunteer placements within the WCHO.

II. APPLICATION

This applies to all directly operated WCHO programs.

III. DEFINITIONS

Student- A person enrolled in an educational program whose placement fulfills specific educational requirements.

Volunteer- A person who agrees to provide specified services without any financial compensation.

IV. POLICY

All student and volunteer placements will be coordinated by each program's Program Administrator or their designee. All students and volunteers will receive supervision within the unit of their placement.

Professional liability and Workers Compensation insurance shall be provided for individuals for the activities undertaken in services authorized by the WCHO.

V. EXHIBITS

- A. Volunteer Service Agreement
- B. Confidentiality Statement
- C. Staff Information Form

VI. REFERENCES

None

VII. PROCEDURES

WHO

DOES WHAT

WCHO Placement Liaison	<ol style="list-style-type: none">1. Maintains liaison relationship with primary placement organizations.2. Screens potential student interns by telephone or in person.3. Presents information concerning potential students and volunteers to Program Administrator or designee, coordinating interview process.4. Coordinates information concerning student or volunteer placements.
Program Administrator/ Designee	<ol style="list-style-type: none">1. Interviews potential student or volunteer along with designated program staff members.2. Communicates placement decision to student or volunteer and to the WCHO Placement Liaison.

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| Placement Liaison | <ol style="list-style-type: none"> 1. If first placement site is not appropriate, attempts to find alternative placement site within the agency. 2. If no alternative placement site is available, communicates the information to the placing organization. |
| Student/Volunteer | <ol style="list-style-type: none"> 1. Completes: <ol style="list-style-type: none"> a. Volunteer Application and/or Volunteer Services Agreement b. Confidentiality Statement c. Staff Information Form, Part 1 2. Submits to Program Administrator/designee along with copies of relevant diplomas, licenses or certifications. A background check will be completed by the Washtenaw County Human Resources Department. The Human Resources Department will need to approve the student placement based on the background check. |
| Program Administrator/designee | <ol style="list-style-type: none"> 1. Assigns primary on-site supervisor to student or volunteer. |
| Primary on-site supervisor | <ol style="list-style-type: none"> 1. Orients person to the program and its mission, goals and objectives as well as those of WCHO. 2. Identifies back-up supervisor in case of absence of primary on-site supervisor. 3. Develops a written contract with student/volunteer, as needed. 4. Provides regular supervision as required and assumes responsibility for the student's work 5. Prepares written evaluations of student/volunteer as needed. 6. Informs Program Administrator/designee and Placement |

Liaison of any problems which may affect this or any future placements in the program.

7. Ensures that any breach of confidentiality is handled in accordance with the WCHO Sanctions policy.

CONFIDENTIALITY STATEMENT

Washtenaw Community Health Organization

I hereby certify that, as a student/volunteer working for Washtenaw Community Health Organization, I understand the responsibility on my part to keep confidential any client information, including identification of clients, with which I may come in contact.

Further, I understand that a breach of confidentiality on my part could result in legal action.

Name

Witness Name

Signature

Signature

Date

Date

**VOLUNTEER APPLICATION
WASHTENAW COMMUNITY HEALTH ORGANIZATION**

Name: _____

Address: _____

Phone Number: _____

Best Hours That You Can Be Reached: _____ AM

_____ PM

Areas of Interest: _____

Education and Experience: _____

Days of the week and times you would be available:

Signature

Date