
TOWN OF EAST HARTFORD VOLUNTEER POLICY



JUNE 21, 2020
FIRE DEPARTMENT, OFFICE OF EMERGENCY MANAGEMENT
31 School St. East Hartford Ct. 06108

I.	Introduction	3
II.	Principles	3
III.	Scope of Volunteer Policy and Definition of Volunteer	4
IV.	Service at the Discretion of the Town and Volunteer	5
V.	Recruitment, Screening and Physical Requirements	6
VI.	Introduction, Training and Support	7
VII.	Conduct	7
VIII.	Health and Safety	8
IX.	Volunteer Drivers	8
X.	Emergency Closings and Volunteers Inability to Perform Service	9
XI.	Monitoring and Recordkeeping	9

Draft Only

I. Introduction

- A. East Hartford desires to involve more people in volunteering to enhance the services that are provide by the Town and to enrich the lives of people in our communities. Furthermore, the Town recognizes that during times of crisis and disaster, spontaneous volunteers will seek to provide assistance.**
- B. East Hartford is committed to involving volunteers directly within the organization to:**
- 1. Contribute to the delivery of our services.**
 - 2. Assist on various boards.**
 - 3. Make sure we are responsive to the needs of those who use our Services**
 - 4. Provide different skills and perspectives.**
 - 5. Offer opportunities for participation by people who might otherwise be excluded.**
 - 6. Increase our contact with the local community we serve.**
- C. This policy sets out the principles and practices by which we involve volunteers.**

II. Principles

- A. East Hartford:**
- 1. Recognizes that voluntary work brings benefits to volunteers themselves, the community, and paid staff.**
 - 2. Will ensure that volunteers are properly integrated into the organization structure and mechanisms are in place for them to contribute to the services that East Hartford provides.**
 - 3. Will not introduce volunteers to replace, reduce, or fill paid staff positions.**
 - 4. Expects that staff at all levels will work positively with volunteers and, where appropriate, will actively seek to involve them in their work.**

VIII. Health and Safety

- A. The Town of East Hartford will take all reasonable and practicable steps to ensure the volunteer's health, safety, and welfare while volunteering for the Town.**
 - 1. The Department supervisor will provide volunteers with information about the Town's various policies as applicable to their type of services (i.e. Workplace Threats and Violence, Official Social Media Guidelines, Policy Prohibiting Harassment, Emergency Closings, etc.).**
- B. The Town does not carry or maintain health, medical, or disability insurance for the benefit of any volunteer.**
- C. If a volunteer is injured during the course of their service to the Town they should:**
 - 1. Immediately notify their supervisor**
 - 2. Complete the "Non-employee, Visitor, Volunteer Injury Report" (Appendix B).**
 - 3. The supervisor and Department Head should complete the appropriate forms in Appendix C within 3 business days**

IX. Volunteer Drivers

- A. Neither volunteers, nor members of the volunteer's family, are authorized to operate Town owned vehicles.**
- B. Volunteers that are using their own personal vehicle while volunteering for the Town must provide their own automobile insurance at their own expense.**

X. Emergency Closings and Volunteers Inability to Perform Service

The Town strives to ensure that safety of all volunteers. In the event of inclement weather or the volunteer's inability to perform services, volunteers will be responsible for contacting the department they are assigned. If the Town should close, the sponsoring Department will use a previously established system to inform their volunteers of the closing.

XI. Monitoring and Recordkeeping

- A. Each Department may evaluate an individual volunteer's service as needed.
- B. Town Departments should continually monitor and evaluate their use of volunteers with reference to this Volunteer Policy.
- C. Each Department will keep various records and forms in association with this Volunteer Policy on file within its Department.

This page intentionally left blank

Draft Only

The Town of East Hartford Volunteer Registration Form

Applicant Information

Name: _____

Address: _____

Telephone #: _____ Email: _____

Emergency Contact Information

Name: _____

Telephone: _____

Have you ever been convicted of any crime (felony or misdemeanor), accused of sexual abuse or similar miss-conduct? YES _____ NO _____

By Signing waiver below, the Volunteer Applicant also acknowledges the following:

- The Volunteer has received a copy of the Town of East Hartford Volunteer Policy.
- The Volunteer agrees to adhere to the standards contained therein while serving in the capacity of volunteer.
- The Volunteer must conduct themselves to protect the interests and safety of all other volunteers, staff, and the Town.
- The Town does not provide compensation or financial assistance for volunteer services.
- The Volunteer acknowledges that a background check may be done and agrees to provide additional information as requested by the Town of East Hartford to complete the background check.
- Volunteer's assignment or activities for the Town of East Hartford may be terminated by the Town at any time for any reason.

WAIVER OF LIABILITY RELEASE

I understand that volunteering to The Town of East Hartford involves a variety of physical activities and there is an element of risk involved, which each participant must assume (including injury, disability or death). I affirm that my health is adequate and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate as an unpaid volunteer in this capacity. The undersigned hereby agrees: 1. I fully assume all risks associated with utilization and participation as an unpaid volunteer for The Town of East Hartford and agree not to sue and hereby release the Town of East Hartford, its agents, servants, employees, volunteers, elected officials, boards, and commissions (collectively "The Town"), from all liability should an injury to me or listed participant occur during participation as an unpaid volunteer for The Town of East Hartford. 2. I, for myself and my heirs, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town, from any and all claims, suits or demands by anyone arising from my use OR participation as an unpaid volunteer for The Town of East Hartford. 3. I give permission to the Town of East Hartford to use any photo or video taken during my participation as an unpaid volunteer for The Town of East Hartford for promotional materials.

Signature: _____

Print Name: _____ Date: _____

- If the Volunteer is a minor under 18 years of age, a parent/legal guardian must sign this waiver

I, _____ as parent/legal guardian for

(Parent/legal guardian signature)

_____ sign this on his/her behalf.

(Minor volunteer's printed name)

TO BE COMPLETED BY DEPARTMENT

Department: _____

Volunteer will report to: _____

Anticipated Start Date: _____ Anticipated End Date: _____

TO BE COMPLETED BY DEPARTMENT HEAD

Volunteer Approved? YES _____ NO _____

Department head Signature: _____ Date: _____

This page intentionally left blank

Draft Only

Town of East Hartford Non-Employee, Visitor, Volunteer Injury Report

Instructions:

Please fill out this form completely. Provide the completed form to your supervisor, or the supervisor of the physical area in which the injury occurred. Supervisors should be sure to obtain *Witness Statements* and complete the *Supervisor's Report of Investigation*.

To be completed by injured individual:

Name: _____ Date of Birth: _____ Phone #: _____

Address: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Nature of Injury/injuries: _____

Describe the events leading up to and the incident: _____

Signature: _____ Date: _____

If this form was completed by someone other than the injured individual, please complete the following

Name: _____ Phone: _____

Relationship to injured _____

Signature: _____ Date: _____

This page intentionally left blank

Draft Only

Accident Investigation Witness Statement

Witness Information:

Name: _____ Phone #: _____

Address: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Accident Information:

Name if injured individual: _____

Date of Incident: _____ Time of Incident: _____ Weather Conditions: _____

Location of Incident: _____

In your own words, describe the events leading up to and the incident:

How did the injury occur?

Signature: _____ Date: _____

Use additional sheets if necessary

Supervisor's Report of Accident Investigation Supplement to Non-employee, Visitor, Volunteer Injury Report Form

Investigator: _____ Date: _____

Name of Injured Individual: _____

Describe the incident in detail (Include physical surroundings, equipment in use, weather conditions)

Draft Only

Specify the unsafe acts and conditions which led to the incident (*Circle all that apply*)

Unsafe Acts:

- Improper lifting, carrying, handling
- Improper use of tools or equipment
- Failure to wear personal protective equipment
- Failure to use safety devices
- Failure to use proper tools / equipment
- Failure to obey rules / procedures
- Overriding safety devices
- Failure to secure ladders
 - Misuse of ladder
 - Transitioning to / from ladder
- Actions of others
- Horseplay
- Operating without authority
- Other: _____

Personal Factors:

- Improper work habits
- Improper attire
- Loss of situational awareness
- Unwilling to follow proper procedures
- Failure to follow direction
- Failure to obey rules / procedures
- Other: _____

**Was there an infraction of a Safety / Health Rule, Regulation, Procedure or Specific Instruction?
(Please describe)**

What corrective actions are being taken to prevent similar incidents?

Supervisor Signature: _____ **Date:** _____

Email: _____ **Phone #:** _____

Department Head Signature: _____ **Date:** _____

Email: _____ **Phone #:** _____