



## **MEMORANDUM OF UNDERSTANDING (MOU)**

**Baldwin County**

**VOLUNTEER STATION:** EMERGENCY MANAGEMENT AGENCY

**STATION ADDRESS:** 23100 McAuliffe Drive  
Robertsdale, AL 36567

**STATION PHONE #:** (251) 990-4605

This memorandum contains an outline of necessary provisions applicable to both the RSVP program and the Volunteer Station:

**A. The Volunteer Station will:**

1. Designate a coordinator to serve as liaison with RSVP office.  
Coordinator's Name: \_\_\_\_\_
2. Religious/Political Activities: The Volunteer Station will not request or assign RSVP volunteers to conduct or engage in religious, sectarian or political activities.
3. Displacement of Employees: The Volunteer Station will not assign RSVP volunteers to any assignment which would displace employed workers or impair existing contracts for services.
4. Maintain an RSVP file with a copy of this agreement and copies of volunteer position description for each RSVP volunteer.
5. Assure and instruct volunteer(s) about health and safety procedures for this station.
6. In consultation with RSVP staff, make investigation and reports regarding accidents and injuries involving any RSVP volunteer(s).
7. Provide adequate orientation, in-service instruction, or special training for the volunteer(s).
8. Furnish volunteer(s) with any material required for an assignment.
9. Collect and validate volunteer(s) signed time sheet by the end of each month.
10. Have the right to request removal of a volunteer(s) from service.
11. Provide some kind of support for the volunteer(s).
  - \_\_\_\_\_ a. Recognition (cards, awards, parties, luncheons, etc.)
  - \_\_\_\_\_ b. Special Parking Area
  - \_\_\_\_\_ c. Meal
  - \_\_\_\_\_ d. Other

B. The Retired and Senior Volunteer Program will:

1. Provide necessary information to Volunteer Station staff prior to placement of volunteer(s) and at other times as the need arises.
2. Review acceptability/accessibility of volunteer(s) assignments and refer interested volunteer(s) to Volunteer Station.
3. Furnish time sheets for recording volunteer(s) hours.
4. Furnish copies of volunteer position description to Volunteer Station and RSVP file.
5. Furnish adequate accident, public and excess automobile liability insurance coverage as required by program policy.
6. Regularly confer with Volunteer Station to assess progress and needs of the program and volunteer(s).
7. Withdraw volunteer(s) from Volunteer Station upon volunteer(s), Volunteer Station or program request.
8. Understand this Memorandum of Understanding is good for one year from date on this form.

C. Special Provisions

1. This memorandum may be amended at any time by the parties.
2. A signed copy of the Memorandum of Understanding will be supplied to the appropriate office.
3. Neither volunteer(s) nor beneficiaries served will be discriminated against on the basis of handicap regarding employment or volunteer service practices, building/site access for program or the work station programs or activities. No one will be denied opportunities on the basis of sex, color, race, creed, national origin, religious persuasion, marital status or political belief.

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By signing this MOU, the Volunteer Station Representative certifies that the Volunteer Station is a:

- ☐ Public non-profit organization  
☐ Private non-profit organization  
☐ Proprietary health care agency

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Volunteer Station Representative

Date

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RSVP Project Director or Volunteer Coordinator

Date

**NOTARY PAGE**

**IN WITNESS THEREOF**, the Parties hereto have executed this Memorandum of Understanding (MOU) effective on the last date that the same is fully executed by the Parties as herein written.

**County:**

\_\_\_\_\_  
Joe Davis, III, Chairman

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ a Notary Public in and for said County, In said State, hereby certify that \_\_\_\_\_, Whose name as \_\_\_\_\_, and as the duly authorized Representative of the \_\_\_\_\_ is signed to the foregoing Memorandum of Understanding (MOU), who is known to me, acknowledged before me on this day that, being informed of the contents of the Agreement, he/she, as such officer and with full authority, executed the same voluntarily for and as the act of said entity.

Given under my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**RSVP:**

\_\_\_\_\_  
RSVP Representative

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ a Notary Public in and for said County, In said State,  
hereby certify that \_\_\_\_\_, Whose name as \_\_\_\_\_,  
and as the duly authorized Representative of the \_\_\_\_\_ is  
signed to the foregoing Memorandum of Understanding (MOU), who is known to me,  
acknowledged before me on this day that, being informed of the contents of the Agreement,  
he/she, as such officer and with full authority, executed the same voluntarily for and as the act of  
said entity.

Given under my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_