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Volunteer Services Program Guidelines

The Nebraska Department of Health and Human Services Policy Cabinet established Volunteer Program Minimum Operating Standards and a process for the organizational structure April 13, 1999. This program is outlined here and is to be used as a guide for all Service Areas, Facilities and for Central Office Volunteer Programs. The minimum standards are written in regular type with additional program material italicized.

MISSION
The mission of the Nebraska Department of Health and Human Services, NDHHS, is to help people live better lives through effective health and human services.

PRINCIPLES
Communication, cooperation, collaboration, customer service and confidence are the principles of the Nebraska Department of Health and Human Services.

Communication: Keeping people informed; listening actively; being open and accessible; and ensuring that we are accurate, timely, and complete in all we say and write.

Cooperation: A willingness to work with others in good faith; assisting them and accepting assistance from them.

Collaboration: A willingness and ability to combine talents, knowledge and resources with others to create true partnerships.

Customer Services: Responding to our customers in a respectful, timely, and effective manner.

Confidence: We do our jobs with commitment and professionalism, through accountable programs and accurate systems.

PHILOSOPHY OF THE VOLUNTEER PROGRAM
The utilization of volunteers provides a cost-effective means of supporting staff as well as assisting in the enhancement of service delivery. Staff at all levels should have the opportunity to be involved in planning effective utilization of volunteers. A well-managed volunteer program can contribute to improved quality and quantity of services. Our mission is best served by the active participation of community citizens. To this end, we accept and encourage the involvement of volunteers at all levels of the department and within all appropriate programs and activities. In recognition of this belief, the Nebraska Department of Health and Human Services will maintain the following basic philosophy in the utilization of volunteer services:

- Volunteers are people with skills and needs.
- The trained and supported volunteer will be a good ambassador to the community at large
- Most jobs within the NDHHS can be extended, reinforced, or enriched by a volunteer contribution. In no circumstances will a volunteer be a replacement for paid staff.
Appropriate selection, placement, training and supervision of volunteers is essential so that the special skills each person brings to the job can best be utilized to the benefit of the NDHHS and volunteer alike.

The benefit that can result from a good volunteer and staff partnership exceeds the administrative effort involved.

Timely and meaningful recognition is key to the retention of volunteers.

(Administrative Policy, April 13, 1999.)

Organizational Structure

Volunteer Coordinators. To minimize risk and maximize services to those we serve through volunteer utilization, all sites utilizing volunteers will be managed by professional staff and provided the necessary resources to devote to the coordination of volunteer services. Each Service Area, Facility, and Central Office will provide volunteer coordinator(s) to be responsible for managing the utilization of volunteers. These staff will have a “working title” of Volunteer Coordinator and the responsibility will be considered as an integral and critical component in the management structure. Volunteer Coordinators will be offered, at a minimum, six hours of in-service training annually related to the management of volunteers and/or professional development and be encouraged to participate in professional organizations to increase volunteer management skills.

Each Service Area Administrator, Facility CEO, and Central Office administrative division-utilizing volunteers will designate a budget for volunteer program activities. Allowable expenses must be supported by the Nebraska Accounting System. (Administrative Policy, April 13, 1999.)

Volunteer Coordinators will be responsible for managing the utilization of volunteers. Responsibilities include:

- Identifying possible placement opportunities
- Writing job descriptions for volunteer positions
- Recruitment, screening, and placement of volunteers
- Orientation and coordination of training by the placement supervisor
- Recognition and evaluation of volunteers
- Record keeping, including monthly reporting of volunteer hours
- Coordinating news releases, publicity, etc. with Central Office.

The Placement Supervisor is responsible for the direct supervision of a volunteer. This includes orientation specific to the position, training, oversight, support, recognition and evaluation. This person does not have to have the working title of supervisor.

The Volunteer Program Coordination Team was established to provide support to volunteer coordination staff and assure a level of consistency statewide. The team is comprised of one person from each Service Area, appointed by the Service Area Administrator and each 24-hour facility, appointed by the Facility CEO; and one person representing NDHHS central administration, appointed by the Policy Cabinet. The Team responsibilities include: (1) providing oversight and recommending adjustment to the DHHS Volunteer Program standards and procedures, (2) developing volunteer program Printed materials for statewide usage, (3) planning annual statewide recognition of volunteers, (4) arranging the training and technical assistance for Volunteer Program
staff and to provide an annual report. (Administrative Policy, April 13, 1999.) On a rotation basis of ever two years, a Coordinator will be designated by and from within the Coordination Team. Volunteer Program Coordination Team members serve as a resource for Volunteer Coordinators to assist with ideas, answers questions, and provide communication for purposes of continuity. Amy Borer, Office of Human Resources, is the liaison to the Department of Health and Human Services for the Volunteer Program Coordination Team and DHHS Administrators regarding Volunteer Program related information. She can be reached at 402-471-6605 or by email at Amy.Borer@nebraska.gov.

(Note: Appendix C contains a listing of the Volunteer Coordination Team.)

A Service Area Communication Lead has been established for each Service Area to assure communication to and from local Volunteer Coordinators with the Volunteer Program Coordination Team Coordinator and/or Central Office. Examples of work would be distributing educational materials, agency policies/procedures, collecting volunteer demographics and data collection.

VOLUNTEER PROGRAM POLICIES AND PROCEDURES

Volunteer policies and procedures found in the Minimum Standards (Issued 4/13/99) are listed below in regular type. Information in Italics indicates additional Volunteer Program information. (Note: Appendix C includes the Minimum Operating Standards.)

Volunteer Eligibility

A volunteer is an individual who is giving volunteer time to the Department in any capacity and not in exchange for any tangible benefits.

An intern is any individual who is registered at an educational institution and providing volunteer time without monetary compensation in exchange for a class requirement or credit.

Volunteers may be selected from all social and economic groups within the community, without regard to race, creed, color, national origin, sex, age, marital status, religion, political affiliation or physical/mental disability.

A parent or guardian’s signature is required for individual volunteers under age 19. Limited volunteer opportunities for high school students may be allowed when deemed appropriate by the Volunteer Coordinator.

Federal Labor Standards Act provides that employees may volunteer hours of service to their employer without promise, expectation, or receipt of compensation for services rendered, provided such services are not the same type of services for which the individual is employed to perform. Employees shall not be required or expected to volunteer.
Recruitment

Recruitment for volunteers will be coordinated through the Volunteer Coordinator in a thoughtful, planned manner with recruitment strategies suited to community resources and local needs. Methods of recruitment may include, but are not limited to group presentations, mass media, and the involvement of local resources such as private business, volunteer referral centers, schools, churches, senior service programs, and employment offices.

All printed recruitment material must provide a positive agency image and include the NDHHS logo and design standards outlined by the Communications and Legislative Services Division of the Department of Finance and Support.

The Communications Division of Central Office should be involved with all news releases and development of outreach/recruitment materials for the volunteer program. For review by the Communications Division of volunteer program news releases, public service announcements, fliers, etc. before release, call 402-471-9108.

SIGNING UP A VOLUNTEER (Overview)

There are certain steps for the Volunteer Coordinator to follow in preparing for a volunteer to begin work.

- When an individual expresses interest in volunteering for NDHHS, the volunteer applicant should complete an application form. For groups of volunteers, obtain a group leader contact name, address, telephone number and any other relevant information that will help in assigning work.

- Conduct an initial interview and discuss with the volunteer(s) the jobs that are available, and review tasks, times, and responsibilities.

- Obtain any needed background information and references. Have the volunteer/intern sign a release of information if one is needed.

- Arrange for the person who will be supervising the position to interview the prospective candidate.

- Provide orientation with general information to the volunteer including a review of the information in the volunteer packet on Work Place Policies (See Appendix A); have the volunteer sign the agreement, and arrange for training by the supervisor for the actual work to be performed.

- Set up a file for the individual volunteer or group of volunteers with all relevant information.
Screening

The type and extent of volunteer screening will vary with the nature of the volunteer position. For placements where an individual volunteer will be working directly with a client/resident/member/youth, thorough background checks will be completed to include the Child and Adult Abuse Registries, law enforcement, Motor Vehicle, and personal references. In circumstances where a community group of volunteers provides similar direct services, all volunteer activities must be constantly supervised unless a background check has been completed on the individual(s) providing the service.

In addition to background checks, all volunteers providing transportation services must be screened for the following as per policy of the State of Nebraska Office of Risk Management. Transportation volunteers should be screened initially and annually by:

a) viewing of the volunteer’s driver’s license for renewal date and restrictions;
b) viewing of the insurance coverage card; for a personal vehicle for work related to their assigned volunteer job;
c) a periodic check with the NE Department of Motor Vehicles to monitor accrued points and driving record of the volunteer;
d) verifying the safety of the vehicle to be used by the volunteer.

Based on information received, the decision to place a volunteer is at the discretion of the site management.

(Note: Appendix A has an Authorization and Notification for Background Information sheet and other forms that may be used when screening and doing background checks.)

Placement/Supervision

Placement of the volunteer is a negotiated activity involving the Volunteer Coordinator, volunteers, and designated supervisor working together. There should be flexibility for a volunteer to try out a placement and for a supervisor to dismiss or reassign a volunteer. Each site should have a method for identifying volunteers such as a nametag, sign-in board, etc.

All volunteers or groups of volunteers will have a designated employee who serves as supervisor. This supervisory person can be any employee including those without any official supervisory duties.

(Note: Appendix B has a Volunteer/Intern Position Description form that may be used by staff to request a volunteer or it may be used by the Volunteer Coordinator to outline a formal description of a volunteer position. Formal job descriptions should be available when recruiting and interviewing potential volunteers/interns.)
Orientation and Training

In order to develop an effective, beneficial, and successful Volunteer Program, preparing volunteers for the kinds of duties and responsibilities they will be asked to assume is critical. Volunteer Coordinators and/or placement supervisors will provide an orientation and training for all volunteers prior to placing them in a work assignment. Orientation and training is a requirement for all volunteers and can be conducted on an individual basis, with small groups, or included with staff.

Minimum information should include the mission and vision of NDHHS, the policies and procedures of the agency and volunteer program that includes liability, confidentiality, attendance, and if applicable, universal precautions for infectious diseases and conflict management procedures.

(Note: Appendix C includes information that may be used as a Volunteer Packet. All items may be copied to make individual packets for Volunteers and Interns. A list of items is included in the Table of Contents. Appendix C also includes a Work Place Policy packet that Volunteer Coordinators may have volunteers read and then discusses during orientation. The Packet may be given to the volunteer to retain while the signed written agreement indicating the volunteer’s willingness to follow Department policies and accept supervision and evaluation by the Department goes in the volunteer’s file. There is a sample checklist of things to do during orientation. You may personalize the packet by including other information or policies specific to your facility or include a roster of staff listing the name, phone number, position, and supervisor, or you might include a diagram of the facility or office, with the areas or offices designated. The Volunteer Coordinator may provide the general DHHS Orientation and the Placement Supervisor may complete the training that is specific to the volunteer job.)

Confidentiality

Volunteer Coordinators should stress confidentiality to all volunteers/interns. All information volunteers/interns have access to relating to specific clients, members, patients or cases, including but not limited to the identities of clients, members, patients, recipients or applicants for assistance, amounts and types of payments and services, and social background information pertaining to specific individuals or families, is to be held in strictest confidence and may not be used or released for any purpose not specifically authorized by NDHHS. Even after the volunteer/intern services with NDHHS ends, they are to maintain confidentiality of this information. Any such breach of confidentiality may terminate the volunteer/intern experience and is a violation of the law. The Volunteer Coordinator will go over confidentiality regulations specific to the work and have the volunteer sign the agreement found in Appendix A that includes confidentiality.
HIPAA Workforce Training

The information below is from a compliance memorandum dated 04/21/2003 to DHHS Employees from Tad D. Satterfield, Training Coordinator, Project Management Office.

The HIPAA federal Privacy Administrative requirements mandate that DHHS must provide its workforce with DHHS HIPAA Privacy Rule policy and procedure training. The training is structured as appropriate and necessary for those workforce members that handle and process Protected Health Information throughout their association with DHHS.

The objective of the Memorandum is to clarify the training directives related to Level I workforce training to educate on DHHS Privacy Rule policies and procedures.

Per DHHS Policy number HIPAA PP-5201-3 (Training Policy), ALL DHHS workforce are to receive Level One training through scheduled multimedia forums. The videotape is designed to enhance each workforce member’s awareness of what the HIPAA legislation requires by recognizing the privacy rule components of HIPAA relative to the use, disclosure and safeguarding of Protected Health Information. Identifying that there are civil and criminal sanctions associated with violations of the HIPAA Privacy legislation, and understanding that there are DHHS workforce job performance disciplinary sanctions that could be associated with violations of DHHS HIPAA Privacy Rule Policies.

Level I workforce is defined as being comprised of employees, volunteers, trainees, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of DHHS, whether or not they are paid by DHHS. This would include any volunteer or contractor regardless of length of service or contract.

Level Three training would apply only to any of the above-mentioned workforce member that would potentially have contact, on any level, with Protected Health Information.

Record Keeping

Files will be kept on each volunteer or group of volunteers and will contain the following information:

Application. Individual volunteers will complete an application/registration form and signed release of information to obtain background checks, when applicable.

(Note: Appendix A includes a sample registration form Volunteer Coordinators may use.)

Background Checks. Verification obtained should be dated and reflect the name of the volunteer.

(Note: Appendix A also includes a checklist on the sample application/registration form that may be used for background checks.)
Driver’s License/Auto Insurance. For volunteers using a personal vehicle for work related to their assigned volunteer job, include a copy of the auto insurance verification for that vehicle. For volunteers driving a personal or state vehicle as part of their assigned volunteer job, include a photocopy of their current driver’s license.

Signed Agreements. All volunteers must sign a prepared statement agreeing to follow all agency policies and requirements directly related to the volunteer assignment including those related to security, confidentiality of records, and other privileged information.

(Note: Appendix A includes a Volunteer/Intern Work Place Policy that may be used for orientation. All policies that apply to NDHHS employees also apply to volunteers. On the agreement there is a list of items the volunteer may check as they are discussed during orientation. It also contains the Volunteer/Intern Agreement the volunteer will sign acknowledging that the volunteer agrees to abide by the NDHHS Work Place Policies as read in the packet and discussed. The signed agreement will go into the volunteer/intern’s file.)

Termination Documentation. If a volunteer is terminated, the record must reflect that the person was separated at the decision of the agency.

Volunteer Time Sheets. A record of hours worked will be kept for each registered volunteer and groups of volunteers. The completed time sheets will become part of the volunteer/intern’s file.

(Note: Appendix A contains a sample Individual Volunteer/Intern Monthly Report Form and a group report form.)

Reports to be completed. Monthly, each Volunteer Coordinator will compile a report with the number of volunteers/interns, hours worked, and donations received. Information should be entered on the Volunteer web site at http://apps.dhhs.ne.gov/volunteer/. Individual access to the site can be set up by the Volunteer Coordination Team Facilitator. (Note: Appendix B has report forms with instructions to be used by all Volunteer Coordinators.)

Volunteer Expenses. It may also be the responsibility of the Volunteer Coordinator to keep track of expenses incurred for the Volunteer Program including recognition, recruitment, or reimbursement expenses.

Evaluation

There will be ongoing evaluation of the effectiveness of volunteers to ensure that volunteer services are being delivered consistent with program expectations, safety considerations, and the needs of the individual(s) served. All volunteers will have the opportunity to evaluate the placement.

Evaluation will be completed through one or more of these methods: site visits, staff feedback, written documentation, or other evaluation processes established by each site.
An Exit Interview may be used when a volunteer resigns, an internship ends, or a volunteer project has ended and the volunteer is leaving the Volunteer Program. The Volunteer Coordinator should conduct an interview with the volunteer either before s/he leaves or shortly following. The purpose is to evaluate the placement to determine how the volunteer felt about it and assess for future reference if any adjustments should be made to improve the Volunteer Program. Evaluation material will become part of the volunteer/intern’s file.

(Note: Appendix B contains a sample Volunteer/Intern Performance Evaluation that may be used periodically or yearly and an Exit Interview.)

Separation

Either the volunteer or the agency may terminate the volunteer relationship at will.

References

If you receive a call from someone seeking a reference on a volunteer (former or current) ask for a copy of a release signed by the volunteer. If you do not have a release, only provide that information that is public record i.e. date volunteer; work began, job title, Job description, etc. NHHS Human Resources and Legal Services recommend (this.)

Recognition

Recognition of volunteer time and contributions is the responsibility of everyone in NDHHS, but the primary responsibility lies with the Volunteer Coordinator. Recognition should be on an ongoing basis, and at a minimum, all volunteers will be recognized on an annual basis.

Recognition could be done annually, semi-annually, at the end of a volunteer’s/intern’s work, after completion of a specific activity, or after completion of a specific number of hours.

Recognition expenses will come from the budget for volunteer activities designated by each Service Area Administrator, Facility CEO, or Central Office Administrative Division utilizing Volunteers.
Liability and Risk Management

The following reflects NDHHS policy and this information must be explained to the volunteer prior to placement:

a) A volunteer, as provided in the Congressional Volunteer Protection Act of 1997, while performing within the scope of his/her responsibilities for the state, may not be liable for injuries or harm resulting from his/her conduct unless the conduct is willful, criminal, reckless or resulting from a conscious or flagrant indifference to the rights or safety of others.

b) Transportation volunteers who have a valid driver’s license are covered under the state automobile liability policy. If a volunteer is driving a personal vehicle, expenses are first covered by the volunteer’s personal auto insurance. Any damage to the driver’s personal vehicle is not covered by the state.

c) A volunteer registered with the NDHHS is not covered by insurance or indemnified by the State for any legal suits against him/her as a result of damage to a person or property in the course of his/her volunteer work.

d) A volunteer is not covered by Worker’s Compensation through NDHHS should s/he become injured in the course of his/her volunteer work.

e) If the volunteer feels that intentional acts or negligence on the part of the NDHHS and/or its staff was the cause for his/her personal liability or injury, s/he may file a claim seeking recovery of loss through the Office of Risk Management/State Claims Board.

Requirements for Volunteers Driving a Vehicle in the Course of Performing Volunteer Duties:

1. Must be 19 years of age or older.
2. Must have completed a defensive driving course within 6 months of beginning the Volunteer position to drive a State vehicle.
3. Must be registered as a volunteer with Nebraska Department of Health and Human Services and have completed an orientation on DHHS travel policies.
4. Must have a valid driver’s license and a good driving record. (Note: the assessment of six or more points in the preceding 24 months on a driving record is the indicator for an in-depth review of circumstances.)
5. If the volunteer is driving his/her own vehicle, s/he must provide proof of minimum automobile insurance coverage as required by the State of Nebraska.
6. Must be willing to document destination and time and travel as per general DHHS operating procedures, if required.
7. State rules require that all employees or representative driving state vehicles have a TSB driver ID card.
INSTRUCTIONS FOR REPORTING MOTOR VEHICLE ACCIDENTS

Report all accidents to NRMA immediately by (1) calling Pete Eiden at 402-742-9220 or 800-642-6671, (2) e-mailing NRMA at pete@nirma.info, or (3) faxing the paper form to NRMA at 402-742-9230 or 888-311-3152. For serious accidents, call the information in first then follow up with the written report. Serious accidents should be reported to NRMA and Risk Management. If you are driving a TSB vehicle, follow the same procedures but report the accident to Mike Moerer at TSB at mike.moerer@nebraska.gov or (402) 471-2381 in accordance with TSB procedures and to NRMA.

There are two accident report forms and both are on the web…. One is the internal State report: http://www.das.state.ne.us/risk/forms/vehicle_accident_report_fillable.pdf

The other one is required by State law if the total damage is $1,000 or more. http://www.transportation.nebraska.gov/highway-safety/docs/dr41/dr41-fill-web.pdf

Other information is available on the Risk Management website at http://www.das.state.ne.us/risk/state_agency_info.htm

If you are involved in an accident be sure you obtain the insurance information about the other driver regardless of fault and whether the police are called or not.

Check to be sure that the form is as complete as possible. Any bills, estimates or additional materials may be sent with the report but do not delay filing while waiting for these items. If the State vehicle is covered by physical damage insurance, note this clearly on the form.

If additional information is sent later, identify by agency, date of accident and State driver.

If a State vehicle or any vehicle used on State business (including an employee’s personal vehicle) is involved in an accident, report the accident to the agency motor vehicle coordinator and file a Motor Vehicle Accident Report Form with Risk management within 24 hours of the accident.

The accident forms should be in the glove compartment of all State vehicles. Forms are also available on the risk management website at http://www.das.state.ne.us/risk/ under “insurance” and “information for agencies,” from the agency motor vehicle coordinator or may be purchased from Central Stores. The coordinator should retain one copy and one copy should be sent or faxed to risk management immediately.

It is important that the information be sent the same day so that NRMA is aware of the accident and can be prepared to investigate or field inquiries from the other party. A NRMA adjuster will investigate the claim and contact your agency and the driver if they
need assistance. Any information you may have regarding the accident should be relayed to the State’s adjuster. You may speak freely to the claims administrator.

The vehicle driver must also file the required accident report with the Accident Records Bureau, Department of Roads. This report differs from the one filed with risk management.

An employee involved in an accident should never admit fault. An employee should give the insurance information from the Insurance Identification Card found in each vehicle and answer any questions asked by any law enforcement on the scene. No matter how small an accident seems, get all information from the other party, e.g., name, address and insurance carrier, before leaving the scene. Other parties should be directed to NRMA or risk management if they have further questions.

Safety for Residents/Clients/Members and Volunteers

Policies related to safety for individuals we serve and volunteers, including, but not limited to, universal precautions to prevent spread of infectious disease, field trips, pet programs, one-to-one placement, confidentiality, building security, volunteer/resident relationships and authorized work must be in place for each site and shared with each volunteer before placement.

Procedures for Filing Personal Injury claim. Volunteers involved in an accident other than motor vehicle and sustaining personal injury in the course of their volunteer work for the Department will not be covered by insurance, but they can make a claim against the State of Nebraska by completing a “Claim for Injury or Damage” form. This form is available by contacting the Office of Risk Management/State Claims Board, (402)471-2551.

Authorized Work

The following are limitations on work that can be assigned:

Computer Access. Volunteers/Interns are authorized to work with computer systems on an inquiry-only basis and this must be stated clearly to the volunteer. An exception may be made for student interns with a formal practicum agreement from a higher education institution and adequate supervision. Decision for which job(s) a volunteer/intern can access will be at the discretion of the Service Area Administrator or Facility Administrator.

Case Management Activities. Volunteers/Interns may be assigned tasks to assist in supporting the day-to-day activities of program case managers, with the exception of the following tasks:

- Making final determination of eligibility for services
- Authorizing medical or other provider payments.
- Participating in a child abuse/neglect investigation

Additionally, volunteers serving in an intern capacity, with a junior or senior standing and under the direct professional supervision of the case manager may conduct the
face-to-face interview for purposes of completing the economic assistance application or review processes.

*NOTE: All volunteers/interns assigned to assist program case managers must have close supervision for all tasks.*

**Professional Services.** Volunteers may perform professional services only when they are certified or licensed for the service. Each site is to develop policy applicable to specific professional services that volunteers provide as part of their duties on site including credential review and job parameters.

**Expense Reimbursement**

Reimbursement may be provided for necessary expenses in extreme cases related to a volunteer’s work assignment. Reimbursement is at the same rate and subject to the same limitations as that received by paid staff. All reimbursements must be approved by the Agency Director, Service Area Administrator, or Facility Administrator.

*Following Facility, Service Area, or Central Office procedures, expense reimbursement will be made directly to the volunteer on a reimbursement document.*

**Donations and Solicitations**

Nebraska laws: All donations and solicitations must be made in accordance with Nebraska law, as stated in the biennial appropriations bill, as follows:

“…any gift, bequest, or devise made available to the State of Nebraska for any purpose, together with the income thereof, shall be allocated to the expending agency designated by the donor or, if none is designated, by the Governor. Acceptance of a gift, bequest, or devise shall be subject to approval of the expending agency and the following restrictions:

- No matching of state funds shall be required as a condition of acceptance;
- Any gift, bequest, or devise of personal property in excess of $10,000 shall be approved by the Governor before acceptance;*
- Any gift, bequest, or devise of real property in excess of $10,000 shall be approved by the Governor and the Legislature before acceptance.

For purposes of this section, gifts, bequests, or devises shall include, but not be limited to donations, gifts, bequests, devises, and grants from individuals, organizations, corporations, and similar entities and from nonfederal government agencies.

At the discretion of the Budget Administrator of the Budget Division of the Department of Administrative Services and the Accounting Administrator of the Department of Administrative Services, expenditures of funds from any gift, bequest, or devise may be expended through any existing or administratively created Cash fund account, Revolving Fund account, or Trust Fund account, in which case the actual amount of the gift, bequest or devise is hereby appropriated to the expending agency for the purpose or purposes designated by the donor, in addition to the amounts appropriated in this act. If no such Cash fund account, Revolving Fund account, or Trust Fund account exists, the Accounting Administrator may create such fund account as is necessary to properly
and separately account for gift, bequest, or devise in which case the actual amount of the gift, bequest, or devise is hereby appropriated to the expending agency, for the purpose or purposes designated by the donor, in addition to the amounts appropriated by this act…”

In addition, donations and solicitations must adhere to the Nebraska Political Accountability and Disclosure Act, Sections 49-1401 et seq that contains various restrictions on the actions of officers and employees of the State of Nebraska. These restrictions would include acceptance of gifts from lobbyists (Section 49-1490); gifts or anything of value in return for influencing the actions or judgement of a public employee (Section 49-14, 101); conflicts of interest (Section 49-1498 and 1499); and restrictions on contracts (Section 49-14, 102 through 49-14, 103.07).

*Exception: According to DAS, specific legislation regarding gifts, bequests, or devises of personal property related to a specific program supersedes the appropriation bill and requirement for Governor’s approval.

**Donations**

The Service Area Administrator/Facility CEO/Division Administrator (or appointed representative) is responsible for assuring that all donations are received and accounted for in accordance with this policy.

Donations of cash, goods, or services may be accepted by the Nebraska Department of Health and Human Services (NDHHS) in accordance with the preceding law. Canteen profits are not considered donations. Match requirements for grants are not considered donations. Donations made directly to a client/patient/member or to a provider for items or services on behalf of the client/patient/member shall not be considered a donation to the NDHHS.

**Goods and Services:** A record of donated goods and services received will be maintained by each Service Area/Facility/Division.

A written receipt shall be provided to the donor listing the goods and/or services, but not an estimated value. (The donor is responsible for the estimated valuation of the donation for tax purposes.)

**Monetary Donations:** A record of monetary donations received will be maintained by each Service Area/Facility/Division. Monetary donations must be processed through the State Accounting system via NHHS Finance & Support. Each donor shall be given a written receipt. All monies donated in care of a local facility/office must be submitted to the respective, NDHHS Accounting Unit for processing through the State of Nebraska Department of Administrative Services Accounting. NO CHECK SHALL BE MADE PAYABLE TO AN EMPLOYEE OF NDHHS. Checks may be made payable to the Nebraska Department of Health and Human Services department, office, or facility.
Solicitation

Acceptable methods for acquiring donations from the public include:

- A general announcement or appeal stating that NDHHS needs specific donations.
- Presentations to community organizations and businesses to inform them of NDHHS programs a client/patient/member needs for purposes of acquiring specific donations.
- Contacting past donors to inform them of programs and client/patient/member needs for purposes of acquiring specific donations.

All other types of activities not specifically prohibited in this section shall be approved by the Services Area Administrator, Facility CEO, or Division Administrator in Central Office.

NDHHS cannot sponsor the following type of activities utilized for gaining donations from the public:

- Raffles, lotteries, or any form of gambling;
- Auctions, rummage sales, or bake sales;
- Door-to-Door solicitations.
- Solicitation through direct mass mailings to the general public or the business community.

(Note: A match requirement for a grant is not considered as a solicitation.)

Exception: Internal fund-raisers by state employees are permissible if authorization has been given by the Service Area Administrator/Facility CEO/Division Administrator. (Example: Employees prepare baked goods and sell to each other.) Under no circumstances are raffles, lotteries or any form of gambling permitted.

This does not preclude NDHHS from accepting donations from community organizations utilizing these activities.
APPENDIX A
VOLUNTEER PACKET MATERIAL
Nebraska Department of Health and Human Services
VOLUNTEER/INTERN APPLICATION

Name: _____________________________________________________  Date ____________
Address: ________________________________________________ Phone(home ) ____________
City: _____________________________  Zip: ____________ Phone (work) _______________
DOB ________________  Education (circle last year completed)
(optional)  Grade 8 9 10 11 12
College 1 2 3 4  Other __________________

Current Status: _____ Working Outside the Home for _____________________________
___ Homemaker  ____ Unemployed  ___ Retired ___  Student:  H.S.  ____ College  ____

Have you volunteered or worked for Health and Human Services before?
__ Yes  __ No  If yes, where and when? _______________________________________

How did you learn about our Volunteer Services Program? _________________________

Work experience: __________________________________________________________

Volunteer experience: ______________________________________________________

Special skills, interests, hobbies, etc: __________________________________________

Are you fluent in a foreign language or in sign language?  If so, please list.
________________________________________________________________________

Days available for volunteer work:  (Circle)    S   M   T   W   Th   F   S

Hours per week _____  Prefer: mornings _____  afternoons _____  evenings ______

Why would you like to volunteer? _____________________________________________

☐ Internship: _____ hrs needed to be completed by ________ for ___________________

☐ Community service: _____ hours needed to be completed by ___________________

Have you ever been convicted of a violation of law other than a minor traffic violation?
☐ No  ☐ Yes  Please explain.________________________________________________
________________________________________________________________________

Areas of volunteer interests: _________________________________________________

Transportation:  Car_______  Bus _______  Walk ________  Other ___________________
Driver’s License number ____________  Name of insurance company ________________
In case of emergency, contact _______________________________________________
Name ____________________________  Phone ______________

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References: List two people who we can contact.

1. __________________________________________
   Name    Address    Phone

2. __________________________________________
   Name    Address    Phone

Signature of applicant ____________________________ Date ____________________________
I understand that any false information in this application will be sufficient reason for rejection of my application.

Signature of parent or guardian if applicant is under age 19.

______________________________________________ Date ________________

-------------------------------------------------------------------------------------------------------------------------------

(For Office Use Only - Not to be completed by applicant.)
(Select the background checks appropriate for the position. Date and initial when checks completed and by whom.)

Background checks:

☐ APS
☐ CPS
☐ Law Enforcement
  ☐ NCIC (Highway Patrol $10 charge)
  ☐ City Police
  ☐ County Sheriff
  ☐ Motor Vehicle
☐ Sex Offenders Registry

Copies on file:

☐ Confidentiality
☐ Release of information
☐ Driver’s License
☐ Car insurance

Date of Interview __________ Interviewer __________________________
Date of Interview __________ Interviewer __________________________

Volunteer’s preferences: (Refer to job description when applicable.)

________________________________________________________________________

Comments on experience and skills: ________________________________________

________________________________________________________________________

Assignment: 

Job Title ____________________________________________

Date to Begin ________________________________________

Supervisor _________________________________________

Work Schedule ______________________________________

Additional Comments: _________________________________________

________________________________________________________________________

________________________________________________________________________
# Nebraska Department of Health and Human Services

## VOLUNTEER/INTERN ORIENTATION

### Checklist

| Name of Volunteer: ______________________________ | Date: ____________________ |

### ORIENTED TO:

<table>
<thead>
<tr>
<th>Welcome to Volunteer Service</th>
<th>DATE COMPLETED:</th>
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<tr>
<td>Review of Application/Registration</td>
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<td>Overview of Agency or Facility</td>
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<td>Location of: Restroom</td>
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<td>Rest Break Area</td>
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<td>Meal or Lunch Area</td>
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<td>Bus Service Available</td>
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<td>Telephone Service</td>
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<td>Tour of Facility/Assigned Area</td>
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<td>Assigned Area-Introduction to Personnel</td>
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<td>Accident-Incident Report</td>
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<td>Disaster</td>
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<tr>
<td>Emergencies</td>
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<tr>
<td>Viewed the HIPAA Privacy Training Tape and signed the Training Log.</td>
<td></td>
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<tr>
<td>Staff Development Opportunities</td>
<td></td>
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</tbody>
</table>

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NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mission

The mission of Nebraska Department of Health and Human Services is to help people live better lives through effective health and human services.

Principles

Communication, cooperation, collaboration, customer service and confidence are the principles of the Nebraska Health and Human Services.

Communication: Keeping people informed; listening actively; being open and accessible; and ensuring that we are accurate, timely, and complete in all we say and write.

Cooperation: A willingness to work with others in good faith; assisting them and accepting assistance from them.

Collaboration: A willingness and ability to combine talents, knowledge and resources with others to create true partnerships.

Customer Services: Responding to our customers in a respectful, timely, and effective manner.

Confidence: We do our jobs with commitment and professionalism, through accountable programs and accurate systems.
SAMPLE LETTER OF WELCOME:

Dear ______________:

Welcome to the Nebraska Department of Health and Human Services and the (insert name of facility or office).

We believe that volunteers provide an important role in supporting staff as well as assisting in the enhancement of services we deliver to the citizens in this state.

We will respect your volunteer commitment, and provide you with on-the-job training and supportive supervision. We believe that you, as a volunteer, should be assigned work which is most meaningful and appropriate to your interests, skills and experience. In this manner, both our agency and you will benefit from your volunteer hours.

We are very happy that you have chosen to spend some of your valuable time with us -- your participation will certainly be an asset to our work!

Sincerely,
BILL OF RIGHTS FOR VOLUNTEERS

1. THE RIGHT TO BE TREATED AS A CO-WORKER - not just “free help;” not as a “prima donna.”

2. THE RIGHT TO A SUITABLE ASSIGNMENT - with consideration for personal preference, life experience, education, and employment background.

3. THE RIGHT TO KNOW AS MUCH ABOUT THE AGENCY AS POSSIBLE - its policies, people, and programs.

4. THE RIGHT TO TRAINING FOR THE JOB - thoughtfully planned and effectively presented.

5. THE RIGHT TO CONTINUING EDUCATION ON THE JOB - as a follow-up to initial training; information about new developments; training for greater responsibility.

6. THE RIGHT TO SOUND GUIDANCE AND DIRECTION - by someone who is experienced, well-informed, patient, and thoughtful and who has time to invest in giving guidance.

7. THE RIGHT TO A PLACE TO WORK - an orderly, designed environment, conducive to work, and worthy of the job to be done.

8. THE RIGHT TO MOBILITY AND A VARIETY OF EXPERIENCES - through advancement to assignment or more responsibility; through transfer from one activity to another; through special project assignments.

9. THE RIGHT TO BE HEARD - to have a part in planning; to feel free to make suggestions; to have respect shown for an honest opinion.

10. THE RIGHT TO RECOGNITION - in the form of promotion and award (or some tangible evidence); through day-to-day expressions of appreciation; and by treatment as a bona fide co-worker.
CODE OF ETHICS FOR VOLUNTEERS

Volunteers working in the Nebraska Department of Health and Human Services will demonstrate the following:

1. **Dependability** in providing immediate notice if unable to attend at an assigned time.

2. **Appreciation** for the confidential nature of the work.

3. **Loyalty** to the organization, its staff and other volunteers.

4. **Willingness** to comply with requirements, regulations and procedures.

5. **Belief** in the dignity of all persons and that all deserve genuine warmth, courteous treatment and tolerance.

6. A **sincere** desire to provide help and assistance to people.
Before Nebraska became a state, its territorial legislature provided for its residents' public welfare needs by passing a pauper law to care for the medical needs of the indigent.

Institutional care for blind and deaf children and “insane persons” also was established.

1867: Nebraska achieved statehood and thus began the creation of state-provided provisions.
1868: The Legislature authorized cities of 3,000 or more to establish a Board of Health. No formal state health department existed.
1869: The School for the Deaf was established in Omaha.
1869: The State Penitentiary was established in a temporary building.
1870: The Legislature created the Nebraska Asylum for the Insane in Lincoln.
1875: The Legislature provided for short-term aid for the grasshopper scourge.
1875: The Legislature established the School for the Blind in Nebraska City.
1876: The permanent State Penitentiary opened in Lincoln.
1879: The Legislature established the Nebraska State Reform School for Juvenile Offenders in Kearney.
1885: The Legislature created the Insane Asylum in Norfolk.
1887: The Home for the Friendless, which became the Nebraska Center for Children and Youth, was created as a semipublic home for dependent children and elderly women.
1887: The Nebraska Maternity Home was opened in Milford.
1887: The Legislature created the Institution for Feeble Minded Youths.
1887: The Legislature created the Asylum for the Incurably Insane at Ingleside.
1887: The Legislature created the Nebraska Soldiers’ and Sailors’ Home in Grand Island.
1891: The Board of Health was created. The board was composed of the governor, the attorney general and the superintendent of public instruction.
1892: The Legislature created the Girls’ Industrial School at Geneva.
1895: The Nebraska Soldiers’ and Sailors’ Home opened in Milford.
1899: The Legislature provided for short-term aid for Spanish-American War soldiers.
1900: The Board of Charities and Corrections was established. This was the forerunner of the Department of Public Welfare.
1905: The Nebraska Orthopedic Hospital was established to prevent and correct deformities in children and to aid medical and surgical professions.
1912: A constitutional amendment created the Board of Commissioners of State Institutions.
1912: The Nebraska Hospital for the Tuberculosis was established.
1913: The Board of Commissioners of State Institutions took over responsibilities of the governor and the Board of Public Lands and Buildings regarding state institutions and welfare operations.
1915: The first Mothers’ Pension Act was adopted.
1915: The Legislature changed the name of the Home for the Friendless to the Home for Dependent Children.
1917: Counties were required to provide relief to the blind.
1918: The Legislature created the State Department of Health and abolished the State Board of Health law of 1891.
1919: The Department of Health and the Board of Charities and Corrections were abolished.
1919: The first state Department of Public Welfare was created to encompass the Bureau of Child Welfare. The department was given the former duties of the Board of Charities and Corrections, the Department of Health, the Bureau of Pardons and Paroles, the Racing Commission and the licensing of boxing.
1920: A constitutional amendment changed the name of the Board of Commissioners of State Institutions to the Board of Control.
1920: The Legislature abolished the Reformatory for Women in York.
1920: The names of the three Insane Asylums were changed to the Lincoln State Hospital, Hastings State Hospital and Norfolk State Hospital.
1921: The Legislature established the Reformatory for Men in Lincoln to take care of delinquent young men 13 years old to the age of maturity.
1923: The Legislature changed the name of the Girls' Industrial School in Kearney to the Girls' Training School.
1931: The State Department of Public Welfare was abolished. From 1931 to 1935, the Legislature enacted measures to help Nebraskans cope with the difficulties of the Great Depression.
1932: The Legislature re-created the Department of Health. This department assumed the responsibilities of the former Board of Charities and Corrections.
1935: Congress passed the federal Social Security Act and adopted three aid programs for Social Security Act federal grants-in-aid. These included Aid to Dependent Children (ADC), Old Age Assistance, and Blind Assistance.
1935: The Legislature created a state commission for the control of feeble-minded persons.
1936: The State Department of Assistance and Child Welfare was established under the Board of Control. This department supervised commodity distribution, categorical assistance programs administered by the counties, and the Bureau of Child Welfare. The department also administered emergency Depression-era programs, such as the Civilian Conservation Corps and the Works Progress Administration.
1937: The Genoa State Home was established to raise agricultural products for use in other state institutions. It also provided work opportunities for inmates of the state penitentiary and the reformatory for boys.

1939 to 1945: During World War II, some of the programs established in the Department of Assistance and Child Welfare during 1936 were discontinued, and the department took on special wartime responsibilities. The department helped civilians harmed by enemy actions and worked with Japanese Americans living in Nebraska. Through the Selective Service, the department obtained social and medical information on each registrant to be examined before induction into the armed forces.

1940: The Nebraska Soldiers' and Sailors' Home in Milford closed.
1943: The Legislature passed a law providing for the establishment of local health services under the approval of the Department of Health.
1945: The Institution for Feeble Minded Youths was renamed the Beatrice State Home.
1945: The Legislature changed the name of the Nebraska State Reform School
for Juvenile Offenders to the Boys Training School.

1946: The first medical care program for recipients of Old Age and Blind
Assistance was passed and amended the next year to provide similar care
for ADC recipients and to require counties to pay a greater share of the
cost.

1946: The Legislature changed the name of the Boards of Insanity to Boards of
Mental Health.

1946: The Legislature passed a Voluntary Admissions Law, allowing persons
needing psychiatric treatment to voluntarily enter a state hospital without
being committed.

1947: The Legislature created the Nebraska Psychiatric Institute as an
alternative to a fourth state hospital.

1949: The Genoa State Home was closed.

1950: The Legislature changed the name of the Home for Dependent children to
the Home for Children.

1954: The entire medical care program was eliminated, and the medical care
responsibilities were given back to the counties.

1955: The Aid to Disabled program was created.

1957: A new supplemental medical program provided hospital and nursing home
care for Old Age, Blind and Disabled recipients and for hospital, surgery
and dental care of ADC recipients.

1960: The Nebraska Governor’s Commission on Aging was established. It was
charged with providing information about the state’s elderly population and
preparing for the first White House Conference on Aging in 1961.

1960: The School for the Deaf and the School for the Blind were transferred to
the Nebraska Department of Education.

1961: The name of the Board of Control was changed to the Department of
Public Institutions. This department was given control of 13 Nebraska
institutions. The department began operating on January 1, 1962.

1961: The name of the Services for the Blind was changed to Rehabilitation Service for
the Visually Impaired in the Department of Public Institutions.

1962: The Department of Public Welfare became an executive department. Also,
administration of the Home for Children was given to the department.

1962: The names of the three state hospitals were changed to Lincoln Regional Center,
Hastings Regional Center and Norfolk Regional Center.

1963: A federal medical care program for the elderly was created by the Kerr-Mills Act.

1963: The Legislature created the Nebraska Veterans’ Home in Norfolk.

1964: Food coupons were sold and issued to low-income families through the
federal Food Stamp Act administered by the U.S. Department of
Agriculture.

1965: The Aid to the Aged, Blind and Disabled program was adopted, replacing
the three former separate adult programs.

1965: The Legislature created the Nebraska Advisory Committee on Aging.

1966: The Medical Assistance Program (Medicaid) replaced the medical
programs at the state and federal levels.

1967: Congress created the Work Incentive Program (WIN) to prepare certain
ADC recipients for paid jobs through a comprehensive work experience
program, education and training, together with other social services.
1967: The Legislature created the Division of Alcoholism in the Department of Public Institutions. The governor appointed the director of the division.

1968: The first WIN projects were established in Lancaster and Douglas Counties.

1968: The first federal Aging Program grants were made for senior meal programs in Macy, Walthill and Winnebago.

1969: The Legislature created the Office of Mental Retardation as part of the Department of Public Institutions.

1969: The Legislature changed the name of the Nebraska Soldiers’ and Sailors’ Home to the Nebraska Veterans’ Home.

1971: The Legislature directed the Department of Public Institutions to phase out the Nebraska Orthopedic Hospital.

1971: The Nebraska Advisory Committee on Aging became an independent agency. The Nebraska Commission on Aging.

1972: The Legislature closed the Nebraska Hospital for the Tuberculosis, and the Department of Health assumed responsibility for providing tuberculosis care. The hospital’s real estate and buildings were transferred to the Board of Trustees of the Nebraska State Colleges.

1973: The Legislature created the separate Department of Correctional Services from the Division of Corrections, which had included the Nebraska Penal and Correctional Complex, State Reformatory for Women, Youth Development Center-Geneva, Youth Development Center-Kearney, and Office of Parole Administration.

1973: The director of the Department of Public Institutions established the community Mental Health Division.

1974: The federal Social Security Administration, through the Supplemental Security Income (SSI) Program, took over public assistance to elderly, blind and disabled adults. This program replaced, in part, the Aid to the Aged, Blind and Disabled Program. The state supplement program for the aged, blind and disabled was continued to maintain the level of support required to access federal Medicaid funds for this population.

1974: The Legislature created the Western Nebraska Veterans’ Home in Scottsbluff.

1975: Title XX of the Social Security Act replaced the existing social services program. Title XX greatly changed the way states spent and administered federal funds. Instead of the federal government prescribing specific services, states were allowed to allocate federal funds to best meet their needs.

1975: The Nebraska Psychiatric Institute was transferred from dual operation by the University of Nebraska Medical Center and the Department of Public Institutions to sole operation by UNMC.

1976: The Child Support Enforcement Program became statewide to locate absent parents, determine the paternity of children and collect child support payments.

1976: The Legislature enacted the State Aid to the Disabled program to help people who are disabled for at least six months but less than one year.

1978: The Legislature set up new programs within the Department of Public Welfare to deal with domestic abuse, particularly spouse abuse, and provide help to children who have been named as status offenders in court.
1979: Federal legislation eliminated the purchase of food stamps beginning in this year.
1980: The Legislature created the Thomas Fitzgerald Veterans’ Home in Omaha.
1981: The Horacek lawsuit was settled with adoption by the court for a five-year plan of implementation to place persons with developmental disabilities in the least restrictive placement possible.
1982: The Legislature passed the Nebraska Community Aging Services Act, changing the Nebraska Commission on Aging to the Department on Aging.
1983: Social Service programs’ direct administration was transferred from county boards to the state in order to provide consistent program administration and policy statewide.
1983: The Legislature required counties to pay for medical care for indigent people.
1983: The Department of Public Welfare’s title was changed to more accurately reflect its purpose of living assistance to Nebraskans who are unable to support themselves and helping Nebraskans pursue opportunities to regain self-sufficiency. The department was renamed the Department of Social Services.
1985: The Legislature transferred the responsibility for funding education for state wards from the State Department of Education to the Department of Social Services.
1985: A law changed the name of Services for Crippled Children to Medically Handicapped Children’s Services.
1985: The Indian Child Welfare Act was adopted in Nebraska statutes.
1985: The Interstate Compact on Adoption Assistance was adopted.
1986: The Family Policy Act required that, whenever possible, troubled children and families must receive service in their homes and communities by the least intrusive and least restrictive means possible.
1987: The Nebraska Care Management Program was created. It called for a statewide system of care management units.
1992: Legislation was passed that provided a clearer identification and delineation of responsibilities for law enforcement and the Department of Social Services in investigating child abuse and neglect. This legislation also required the establishment of child abuse investigation teams and child abuse treatment teams in each county or group of contiguous counties.
1993: The Legislature created the nursing facility pre-admission screening program.
1994: The Legislature created the Office of Juvenile Services within the Department of Correctional Services.
1996: The Legislature passed the Nebraska Partnership for Health and Human Services Act, LB 1044, which combined the Departments of Health, Social Services, Aging, and Public Institutions and the Office of Juvenile Services and reorganized them into three agencies. These three agencies are the Department of Health and Human Services Finance and Support, the Department of Health and Human Services Regulation and Licensure, and the Department of Health and Human Services. These three agencies form the Nebraska Department of Health and Human Services.
1997: The Health and Human Services System was implemented on January 1 also required the establishment of child abuse investigation teams and child abuse treatment.

2007: On July 1, 2007, the three agencies of the Nebraska Health and Human Services System reorganized into one department called the Nebraska Department of Health and Human Services.
A
AA - Alcoholics Anonymous; Affirmative Action
AAA - Area Agency on Aging
AABD - Assistance to the Aged, Blind, or Disabled
AARP - American Association of Retired Persons
AB - Aid to the Blind
ABFC - Agency Based Foster Care
ABAWD - Able Bodied Adult without Dependent
AD - Aid to the Disabled
ADC - Aid to Dependent Children (Nebraska Title)
ADC-FC - Aid to Dependent Children-Foster Care
ADC-UP - Aid to Dependent Children of Unemployed Parents
AFDC - Aid to Families with Dependent Children (Federal Title)
AEIC - Advanced Earned Income Credit
APS - Adult Protective Services
ARC - Association for Retarded Citizens
ASAP - As Soon As Possible
Appeal - Request for hearing on any action or inaction
Applicant - Person applying for aid

B
bc - Blind Copy
BD - Birthdate
BDE - Data Processing references to BENDEX listings-Social Security
BENDEX - Beneficiary Data Exchange System
BIA - Bureau of Indian Affairs
BR - Board and Room
BSDC - Beatrice State Developmental Center
BVCA - Blue Valley Community Services

C
CAA - Community Action Agency
CAN-Child Abuse and Neglect
CAP - Community Action Program, Corrective Action Plan
CB - Children’s Bureau
CBMR - Community Based Mental Retardation Program
cc - Courtesy Copy
CC - Child Care
CD - Certificate of Deposit; Current Disabled
CDP - Central Data Processing
CF - Current ADC Family
CFNP - Community Food and Nutrition Program
CFRS - Child and Family Resource Services
CHAMPUS - Civilian Health and Medical Program of the Uniformed Services
CNCS - Central Nebraska Community Services
CO - County
CP - Cerebral Palsy, Claims Processing
CPS - Child Protective Services
CR - Central Register, computer system listing court or Department substantiated abuse or neglect; Central Registry, computer tracking system of all abuse and neglect allegations.
CRDC - Community Resources Development Coordinator
C&S - Clothing and Sundries
CS - Child Support
CSEO - Child Support Enforcement Office
CWIS - Child Welfare Information System
CSI - Child Saving Institute

D
DAS - Department of Administrative Services
DCP - Disabled Children’s Program
DD - Developmental Disabilities
DHHS – Nebraska Department of Health and Human Services
DO - Director’s Office
DOA - Department of Aging (Name before merger with NDHHS)
DOB - Date of Birth
DOD - Date of Death
DOH - Department of Health (Name before merger with NDHHS)
DOL - Department of Labor
DPI - Department of Public Institutions (Name before merger with NDHHS)
DPW - Department of Public Welfare
DSS - Department of Social Services (Name before merger with NDHHS)

E
EA - Emergency Assistance
EF - Employment First
EEO - Equal Employment Opportunity
EEOC - Equal Employment Opportunity Commission
EIC - Earned Income Credit
EOB - Explanation of Benefits
EOM - End of Month
EOMB - Explanation of Medicare Benefits
EPSDT - Early and Periodic Screening; Diagnosis and Treatment (former name for Health check)
ESC - Emergency Shelter Care

F
F&S - Finance and Support
FACS - Family and Community Services; Family and Consumer Sciences
FAMIS - Family Assistance Management Information System
FC - Foster Care
FC Pay - Foster Care pay
FH - Foster Home
FDA - Food and Drug Administration
FDP - Food Distribution Program
FFY - Federal Fiscal Year
FHA - Farmer Home Administration; Department of Agriculture; Federal Housing Administration; Department of Housing and Urban Development
FICA - Federal Insurance Contributions Act
FITs - Family Intervention and Therapy Services
FNS - Food and Nutrition Services
FPL - Federal Poverty Level
FPLS - Federal Parent Locator Services
FRC - Family Resource Center
FS - Food Stamps
FSP - Food Stamp Program
FSS - Family Support Services
FSW - Family Support Worker
FY - Fiscal Year
FTE - Full-time Equivalent

**G**
GA - General Assistance
GED - General Education Degree (General Equivalency Diploma)
GH - Group Home
GHCS - Goldenrod Hills Community Services
GHII - Group Home Two (Staff secure home)
GOAC - Greater Omaha Community Action
GSL - Guaranteed Student Loan

**H**
HA - Housing Authority
HCFA - Health Care Financing Administration
HEP - High School Equivalency Program
HHA - Home Health Agency
HHS - Health and Human Services
HIPPA - Health Insurance Portability and Accountability Act
HIR - Household Issuance Record (Food Stamps Record Card)
HMO - Health Maintenance Organization
HS - Human Services
HRC - Hastings Regional Center
HUD - Housing and Urban Development

**I**
ICCU – Integrated Care Coordination Unit
ICF - Intermediate Care Facility
ICF/MR - Intermediate Care Facility for the Mentally Retarded
ICWA - Indian Child Welfare Act of 1978
ID - Identification
IDT - Interdisciplinary Team
IEVS - Income Eligibility Verification System
IFP - Intensive Family Preservation
IM - Income Maintenance; Information Memorandum
IMFC - Income Maintenance Foster Care
IMD - Institution for Mental Diseases
IMW - Income Maintenance Worker
INS - Immigration and Naturalization Service
IRS - Internal Revenue Service
I & R - Information & Referral
IUC - Integrated Unemployment Compensation
IV-A - Federal funds for ADC
IV-E - (HE) Federal Funds for ADC and FC

J
JCAHO - Joint Commission on the Accreditation of Health Care Organizations
JOBS - Job Opportunity and Basic Skills
JSO – Juvenile Services Officer
JTPA - Job Training Partnership Act

L
LA - Low Income Aged
LAP - Lincoln Action Program
LB - Legislative Bill; Low Income Blind
LC - Low Income Day Care Only
LD - Low Income Disabled
LIEAP - Low Income Energy Assistance Program
LF - Low Income Family
LOS - Length of Stay
LST - Life Skills Training
LTC - Long Term Care

M
MA - Medical Assistance
MC - Master Case
MCH - Maternal and Child Health
MCP - Medical Claims Processing
MHCP - Medically Handicapped Children’s Program
MHRT - Mental Health Review Team
MI - Mental Illness
MMIS - Medicaid Management Information System
MNIL-Medically Needy Income Level
MNCS - Mid-Nebraska Community Services
MQC - Medicaid Quality Control
MR - Mental Retardation
MRF - Monthly Report Form
MRT - Medical Review Team
MS - Medical Services; Master of Science
MSW - Master of Social Work

N
NA - Non Public Assistance, Not Applicable
NAC - Nebraska Administrative Code (Regulations of State Agencies)
NAPE - Nebraska Association of Public Employees
NARC - Nebraska Association of Retarded Citizens
NASW - National Association of Social Workers
NCA – Northwest Nebraska Community Action
NCR - No Carbon Required
NDSL - National Direct Student Loan
NEAP - Nebraska Energy Assistance Program
NEIS - Nebraska Employee Information System
NEO - Nebraska Energy Office, New Employee Orientation
NLRB - National Labor Relations Board
NMAP - Nebraska Medical Assistance Program
NPA - Non-Public Assistance
NPI - Nebraska Psychiatric Institute
NRC - Norfolk Regional Center
NRE - Non Residential Evaluation
N-FOCUS - Nebraska Family Online Client User System

O
OAA - Older Americans Act; Old Age Assistance
OASDI - Old Age, Survivor’s, Disability Insurance (Social Security, same as RSDI)
OCSE - Office of Child Support Enforcement
OJS - Office of Juvenile Services
OJT - On the Job Training
OPEN - Active and eligible income maintenance, medical, or services case
ORR - Office of Refugee Resettlement
OTC - Over the Counter

P
P&T - Personnel and Training
PA - Public Assistance; Prior Authorization
PAE - Public Assistance Eligibility
PASS - Parent Assistance Services
PCS – Panhandle Community Services
PHN – Public Health Nurse
PL - Public Law
PO - Probation Officer, food stamp project office, post office
PR - Program Regulations
PROFS - Professional Office System
PSW - Protection and Safety Worker
PY - Program Year

Q
QA - Quality Assistance
QC - Quality Control
QMB - Qualified Medicare Beneficiary
QMRP - Qualified Mental Retardation Professional
QRF - Quarterly Report Form

R
R&L - Research and Finance
RD - Resource Development
RIF - Reduction in Force
RRP - Refugee Resettlement Program
RSDI - Retirement, Survivors, and Disability Insurance (Social Security, same as
OASDI
RSVP - Retired Senior Volunteer Program
RTC – Residential Treatment Center
R&L – Department of Regulation & Licensure

S
SA - Service Area
SAA - Service Area Administrators
SAVE - Systematic Alien Verification for Entitlements
SBA - Small Business Administration
SDP - State Disability Program
SDX - State Data Exchange
SEOG - Supplemental Education Opportunity Grant
SES - State Employment Service
SMIB - Supplemental Medical Insurance Benefits (buy-in)
SNAP – Supplemental Nutrition Assistance Program (formerly Food Stamp Program)
SNF - Skilled Nursing Facility
SSA - Social Security Administration
SSI - Supplemental Security Income
SSIG - Student Service Incentive Grant
SSW - Social Services Worker

T
TANF - Temporary Assistance to Needy Families
TMA - Transitional Medical Assistance
TPL - Third Party Liability
TCC - Transitional Child Care

U
UC - Unemployment Compensation
UCS - United Community Services
UM - Utilization Management
UI - Unemployment Insurance
UNMC - University of Nebraska Medical Center
UR - Utilization Review
URES - Uniform Reciprocal Enforcement of Support Act
USDA - United States Department of Agriculture

V
VA - Veterans Administration or Veterans Benefits
VISTA - Volunteers in Service to America
VOC REHAB - Vocational Rehabilitation
VR - Vocational Rehabilitation
VSS - Visitation Supervision Services

W
WA - Work Allowance
WCE - Welfare Client Eligibility
WI - Without Regard to Income
WIC - Women, Infants, and Children
WN - Warrant Number
WPS - Work Program Specialist
WRE - Work Related Expense

Y
YCW - Youth Care Workers
YDC - Youth Development Center
YRTC – Youth Rehabilitation and Treatment Center
Nebraska Department of Health and Human Services
Authorization and Notification for Background Information Review

I, as a prospective volunteer/intern, understand the need for a background check and give permission to Nebraska Health and Human Services to have my name(s) checked through state and local law enforcement agencies concerning contacts, citations, and arrests, and with the Department of Motor Vehicles concerning my driving record. I also understand that Nebraska Health and Human Services may check my name through the State Central Registries of Adult and Child Abuse/Neglect, and the Sex Offender’s Registry.

The following information is required for positive identification as the screening checks are conducted. **Please print all information.**

Name: ______________________________________________________________________

All former names: _____________________________________________________________

Home address: _______________________________________________________________(address, city, state, zip)

Social Security #: ________________________ Date of Birth: _________________________

Race _______________________________      Phone: (_____)________________________

All addresses where you have resided in the last 10 years beginning with the most recent:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>From / To (Years)</th>
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I understand that the information received will be utilized by Nebraska Department of Health and Human Services in making decisions regarding volunteer/intern placement.

________________________________________________

Signature Date
**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Individual Volunteer/Intern Report Form**

Name: _______________________________________  Month/Year: __________________

Instructions: For each day worked, please record your time, hours and duties or as instructed by your Volunteer Coordinator. Turn this form in to your supervisor at the end of each month.

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<th>Day</th>
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**Total Client Contact hours for the month:** ________________________________

**Total Non-Client Contact hours for the month:** ________________________________

**Total Hours worked for the month:** ________________________________
# FOR VOLUNTEERS

Month ____________________   Year ______________

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MONTHLY CALENDAR FOR VOLUNTEERS

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Month ____________________   Year ______________
VOLUNTEER/INTERN WORK PLACE POLICIES

SEPTEMBER 2010

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MISSION

The mission of the Nebraska Department of Health and Human Services is to help people live better lives through effective health and Human services

PRINCIPLES

Communication, cooperation, collaboration, customer service and confidence are the principles of the Nebraska Department of Health and Human Services.

- Communication: Keeping people informed; listening actively; being open and accessible; and ensuring that we are accurate, timely, and complete in all we say and write.
- Cooperation: A willingness to work with others in good faith; assisting them and accepting assistance from them.
- Collaboration: A willingness and ability to combine talents, knowledge and resources with others to create true partnerships.
- Customer Services: Responding to our customers in a respectful, timely, and effective manner.
- Confidence: We do our jobs with commitment and professionalism, through accountable programs and accurate systems.

PROFESSIONAL CONDUCT

NDHHS employees and volunteers/interns shall maintain professional standards:
* Demonstrating only proper and unbiased involvement with customers. Inappropriate personal relationships with clients/patients are prohibited.
* Working to achieve and maintain proficiency at assigned duties.
* NDHHS employees and volunteers/interns shall uphold the highest level of integrity and impartiality.
* Ensuring that personal relationships do not influence professional decisions and avoiding even the appearance of impropriety, bias, or conflict of interest.
* Immediately reporting to the supervisor any situation where a conflict of interest could be perceived.
* Understanding that all work belongs to the NDHHS, and will not accept any financial gain or any benefit from a product developed on work time.

VOLUNTEER ELIGIBILITY: Volunteers/intern may be selected from all social and economic groups within the community, without regard to race, creed, color, national origin, sex, age, marital status, religion, political affiliation or physical/mental disability.
A parent of guardian’s signature is required for individual volunteers under age 19. Limited volunteer opportunities for high school students may be allowed when deemed appropriate by the Volunteer Coordinator.

The Federal Labor Standards Act Provides that employees may volunteer hours of service to their employee without promise, expectation or receipt of compensation for services rendered, provided such services are not the same type of services for which the individual is employed to perform. Employees shall not be required or expected to volunteer.

**CONFIDENTIALITY:** All information volunteers/interns have access to relating to specific clients, members, patients or cases, including but not limited to the identities of clients, members, patients, recipients or applicants for assistance, amounts and types of payments and services, and social background information pertaining to specific individuals or families, is to be held in the strictest confidence and may not be used or released for any purpose not specifically authorized by Nebraska Department of Health and Human Services. Even after the volunteer/intern services with NDHHS ends, they are to maintain confidentiality of this information. Any such breach of confidentiality may terminate the volunteer/intern experience and is a violation of the law. The volunteer coordinator of the facility or your supervisor will go over confidentiality regulations specific to their facility.

**DRUG FREE WORK PLACE POLICY:** It is the policy of the NDHHS that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the work place is prohibited, any volunteer/intern who violates this policy may be subjected to dismissal, and/or referred to a law enforcement agency.

**HARASSMENT:** Any form of work place harassment or discrimination is contrary to this Policy and shall be regarded as discrimination on the basis of race, color, religion, sage, sex, disability or national origin. It shall be considered a violation of this Policy for any volunteer/intern to engage in work place harassment of any employee or recipient of the NDHHS services. The aggrieved person shall immediately report the alleged work place harassment to the supervisor or chain of command. For the purpose of this policy, “work place harassment” shall be defined as sexual harassment or any inflammatory comments, jokes, printed material and/or innuendo based, in whole or in part, on race, color, religion, age, sex, disability or national origin.

**TELEPHONE USAGE:** The NDHHS telephones are provided for the conduct of State business. The use of the NDHHS telephones may be used for emergency personal business as long as no costs are charged to the State, the use does not interfere with the conduct of State business and the use is kept to a minimum.
INTERNET USAGE: All internet access and use must be limited to actions and transactions necessary for performance of State business, as defined by the Volunteer Coordinator or Placement Supervisor. All other access and use is strictly forbidden.

COMPUTER USAGE: Volunteers/interns are authorized to work with computer systems on an inquiry-only basis. An exception may be made for student interns with a formal practicum agreement from a higher education institution and adequate supervision. Decision for which job(s) a volunteer/intern can access will be at the discretion of the Service Area Administrator, Facility Administrator, or Central Office Division Administrator. All computer usage is limited to activities necessary for the performance of State business as defined by the Volunteer Coordinator. Electronic mail, Word, Excel and other programs may be utilized by the volunteer/intern at the discretion of the Service Area Administrator, facility CEO, or Central Office Division Administrator.

CASE MANAGEMENT ACTIVITIES: Volunteers/interns may be assigned tasks to assist in supporting the day-to-day activities of program case managers, with the exception of the following tasks:

- Making final determination of eligibility for services.
- Authorizing medical or other provider payments.
- Participating in a child abuse/neglect investigation.

Additionally, volunteer service in an intern capacity, with a junior or senior standing and under the direct professional supervision of the case manager, may conduct the face-to-face interviews for the purposes of completing the economic assistance application or review processes.

(NOTE: All volunteers/interns assigned to assist program case managers must have close supervision for all tasks.)

PROFESSIONAL SERVICES: Volunteers may perform professional services only when they are certified or licensed for the service. Each site is to develop policy applicable to specific professional services that volunteers provide as part of their duties on site including credential review and job parameters.

NO SMOKING POLICY: Smoking is not permitted within the NDHHS except in designated areas. This policy applies to all buildings, individual floor to ceiling walled offices, conference rooms and State of Nebraska owned vehicles. This policy applies 7 days a week and 24 hours a day.

VOLUNTEER/INTERN DRESS: All volunteers/interns will maintain a high standard of personal appearance and grooming. The clothing worn on the job should reflect the requirements of the job and working conditions. The volunteer coordinator at the facility you are working at will discuss any specific policies for that facility.
EXPECTATIONS OF VOLUNTEER/INTERN ATTENDANCE: it is your responsibility to report to work as scheduled. It is also your responsibility to record your volunteer hours according to the policy of the facility or office where you are working. Local Service Area Office time sheets are to be filled out daily, recording your time in and time out. You will total the hours worked and turn your time sheet into the Volunteer Coordinator at the end of each month. Absenteeism or tardiness may cause an undue burden on other staff persons who must fill in for the absent or tardy volunteer/intern for scheduled activities. Tardiness may affect the schedule of the employee with whom you may be working. Please notify your placement supervisor if you are going to be absent. Arrangements may need to be made for someone else to complete your assigned duties.

LIABILITY AND RISK MANAGEMENT: The following is NDHHS policy and it is important you have this information.

a.) A volunteer or intern, as provided in the Congressional Volunteer Protection Act of 1997, while performing within the scope of his/her responsibilities for the state, may not be liable for injuries or harm resulting from his/her conduct unless the conduct is willful, criminal, reckless or resulting from a conscious or flagrant indifference to the rights or safety of others.

b.) Transportation volunteers who have a valid driver’s license are covered under the state automobile liability policy. If a volunteer is driving a personal vehicle, expenses are first covered by the volunteer’s personal auto insurance. Any damage to the driver’s personal vehicle is not covered by the state.

c.) A volunteer registered with the NDHHS is not covered by insurance or indemnified by the State for any legal suits against him/her as a result of damage to a person or property in the course of his/her volunteer work.

d.) A volunteer is not covered by Worker’s Compensation through NDHHS should s/he become injured in the course of his/her volunteer work.

e.) If the volunteer feels that intentional acts or negligence on the part of the NDHHS and/or its staff was the cause for his/her personal liability or injury, s/he may file a claim seeking recovery of loss through the Office of Risk Management/State Claims Board.

f.) Any vehicle or personal accident in the course of doing volunteer work must be reported to the Volunteer Coordinator.

REQUIREMENTS FOR VOLUNTEERS DRIVING A VEHICLE IN THE COURSE OF PERFORMING VOLUNTEER DUTIES:

1. Must be 19 years of age or older.
2. Must have completed a defensive driving course within 6 months of beginning the volunteer position to drive a State vehicle.
3. Must be registered as a volunteer with Nebraska Department of Health and Human Services and have completed an orientation on NDHHS travel policies.
4. Must have a valid driver’s license and a good driving record. (Note: The assessment of six or more points in the preceding 24 months on a driving record is the indicator for an in-depth review of circumstances.)
5. If the volunteer is driving his/her own vehicle, s/he must provide proof of minimum automobile insurance coverage required by the State of Nebraska.
6. Must be willing to document destination and time and travel as per general NDHHS operating procedures, if required.
Procedure for Filing Vehicle Accident Report. All vehicle accidents involving a State vehicle or a personal vehicle being driven by a volunteer on Department business must be reported by the Volunteer Coordinator to the agency motor vehicle coordinator at Central Office.

Procedure for Filing Personal Injury Claim. Volunteers involved in an accident other than motor vehicle and sustaining personal injury in the course of their volunteer work for the Department will not be covered by insurance, but they can make a claim against the State of Nebraska by completing a “Claim for Injury or Damage” form. This form is available by contacting the Office of Risk Management/State Claims Board at (402) 471-2251.

Welcome to the Nebraska Health and Human Services Volunteer Program. We are happy that you have chosen to volunteer with us. Please let us know how we can help make this a positive experience for you.
Nebraska Department of Health and Human Services
VOLUNTEER/INTERN AGREEMENT

Please check the following areas confirming that you have read and discussed with the Volunteer Coordinator the following policies from the Volunteer/Intern Work Place Policy.

- Professional Conduct
- Telephone/Computer Usage
- Volunteer Eligibility
- No Smoking Policy
- Confidentiality
- Volunteer Dress
- Drug-Free Work Place Policy
- Attendance
- Harassment
- Liability and Risk Management
- I have viewed the HIPAA Privacy Training Tape and signed the Training Log.

I agree to serve as a volunteer/intern for Nebraska Department of Health and Human Services. I understand that I will be expected to perform tasks and assume responsibilities as outlined in my job description or as agreed upon by myself and my supervisor. In order to accomplish this, I am willing to be trained, supervised, and evaluated by the NDHHS staff.

My signature below acknowledges that I have read and understand the policies in the Nebraska Department of Health and Human Services Volunteer Work Place Policy and agree to abide by these policies.

________________________  __________________
Signature of Volunteer/Intern       Date

________________________  __________________
Signature of Parent (if under 19)         Date

________________________  __________________
Signature of Volunteer Coordinator       Date

Location

As the designated staff supervisor of the volunteer/intern, I am willing to assume responsibility for training, supervising and evaluating this volunteer.

________________________  __________________
Signature of Placement Supervisor       Date
NDHHS HIPAA LEVEL 1 TRAINING  
AWARENESS VIDEO  
WELCOME TO THE ROAD TO COMPLIANCE  
PLEASE SIGN-IN

DATE _______________________

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When log is complete please submit to your facility HIPAA Representative. Also make a copy or your records.
Nebraska Department of Health and Human Services
VOLUNTEER/INTERN POSITION DESCRIPTION

Position Title: ________________________________________________________________

Location of Assignment: _______________________________________________________  

Major Function: ________________________________________________________________

Responsibilities: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Time commitment needed: Hrs per week _______ per month _______ per project _______

Frequency and/or times needed: _________________________________________________

Skills/Experience needed: ______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Skills/knowledge to be gained from this experience: ________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Responsible to: _______________________________________________________________
Nebraska Department of Health and Human Services
VOLUNTEER REACTION/EXIT INTERVIEW FORM

Name _______________________________________________  Date ____________________
Job Title ___________________________________________________________________
Date Began ____________________  Supervisor ___________________________________

1. Do you feel that your work was challenging? Why or why not?

2. What duties did you enjoy the most?

3. What additional training would have helped you in your position?

4. What other duties would you have liked to try?

5. Do you feel your abilities and skills were utilized well? Why or why not?

6. What have you gained from your experience in working at your position?

7. In what way could the organization have been more helpful in achieving your goals as a volunteer?

Additional comments:
Nebraska Department of Health and Human Services  
VOLUNTEER/INTERN PERFORMANCE EVALUATION

| Name ______________________________________________  Date ___________________ |
| Job Title ____________________________________________________________________  |
| Date Began ______________________  Supervisor ____________________________________ |

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<tr>
<th></th>
<th>VERY GOOD</th>
<th>SATISFACTORY</th>
<th>UNSATISFACTORY</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>DEPENDABILITY. Reports for assignments on time; meets expectations of job; utilizes time well.</td>
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<td>2.</td>
<td>INITIATIVE. Can work on own; requires minimum supervision; initiates new ideas; able to get others involved.</td>
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<td>3.</td>
<td>ORGANIZATION. Well organized; ability to plan.</td>
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<td>4.</td>
<td>QUALITY OF WORK. Accurate; strives for the best; follows instructions well.</td>
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<td>5.</td>
<td>DESIRE TO LEARN. Participates in training; knows details of job and how it relates to agency.</td>
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<td>6.</td>
<td>ADAPTABILITY. Can accept change well; able to learn new duties readily.</td>
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<td>7.</td>
<td>JUDGMENT. Makes wise decisions; asks questions when in doubt.</td>
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<td>8.</td>
<td>CONFIDENTIALITY. Respects confidentiality of clients and staff.</td>
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<td>9.</td>
<td>PERSONAL EFFECTIVENESS. Effectiveness in dealing with others, able to communicate well; friendly; works well with staff and other volunteers.</td>
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</table>
Nebraska Department of Health and Human Services
ORGANIZATION VOLUNTEER ROSTER

Organization ____________________________________________________________
Activity _______________________________________________________________
Activity Date _____________________________ Place ________________________
Number of participants in activity ______ Supervisor _______________________
****************************************************************************************************
Date Name (Please Print) Address Hours Served
____  1.  _______________________ _________________________ __________
____  2.  _______________________ _________________________ __________
____  3.  _______________________ _________________________ __________
____  4.  _______________________ _________________________ __________
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____  6.  _______________________ _________________________ __________
____  7.  _______________________ _________________________ __________
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____  9.  _______________________ _________________________ __________
____ 10.  _______________________ _________________________ __________
____ 11.  _______________________ _________________________ __________
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____ 13.  _______________________ _________________________ __________
____ 14.  _______________________ _________________________ __________
____ 15.  _______________________ _________________________ __________
____ 16.  _______________________ _________________________ __________
____ 17.  _______________________ _________________________ __________
____ 18.  _______________________ _________________________ __________
____ 19.  _______________________ _________________________ __________
____ 20.  _______________________ _________________________ __________
Nebraska Department of Health and Human Services
GROUP CONTRACT OF AGREEMENT

We, as members of ___________________________, agree to serve as volunteers for the Nebraska Department of Health and Human Services, NDHHS, on group projects.

CONFIDENTIALITY: All information I have access to relating to specific clients, or cases, including but not limited to the identities of clients, recipients or applicants for assistance, amounts and types of payments, services provided through Child Welfare, conversations, and social background information pertaining to specific individuals or families, will be held in the strictest confidence and will not be used or released for any purpose not specifically authorized by the Nebraska Department of Health and Human Services. Even after my services with NDHHS ends, I will maintain confidentiality of this information. Any such breach of confidentiality may terminate my work and is a violation of the law.

DRUG FREE WORK PLACE: It is the policy of the NDHHS that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace is prohibited. Any violation of this policy may be subject to dismissal, and/or referred to a law enforcement agency.

HARRASSMENT: Any form of workplace harassment or discrimination is contrary to this Policy and shall be regarded as discrimination on the basis of race, color, religion, age, sex, disability or national origin. It shall be considered a violation of this Policy for me to engage in workplace harassment of any employee or recipient of the NDHHS’s services. The aggrieved person shall immediately report the alleged workplace harassment to the supervisor or chain of command. For the purpose of the policy, “workplace harassment” shall be defined as sexual harassment or any inflammatory comments, jokes, printed material and/or innuendo based, in whole or in part, on race, color, religion, age, sex, disability or national origin.

My signature below acknowledges that I have read and understand the above statement.

As the designated staff supervisor of this volunteer group, I am willing to assume responsibility for training, supervising and evaluating these volunteers.

________________________  __________________________
Signature of Placement Supervisor                  Date
DATE: ______________________

Routed To:

☐ Sexual Offenders Registry
c/o Laura Nettland
5800 Cornhusker Suite 8
Lincoln, NE 68507

☐ Sheriff’s Department

☐ Police Department

County

City

Address

Address

City

State

Zip

City

State

Zip

Please complete background checks on persons listed on attached release of information. A self-addressed envelope is enclosed for your convenience.

Requested By: ______________________________ Title: __________________

Worker’s Signature

Phone (____)____________

Agency Name: _____________________________________

Address: __________________________________________

City, State, Zip: _____________________________________

Results of Check:

_____ No Match  _____ Match, information attached
Nebraska State Patrol Criminal History Check

DATE: 

REPLY TO

TO: DHHS Finance & Accounting
   P.O. Box 95026
   Lincoln, NE 68509

THE ATTN OF:

OFFICE

ADDRESS:

RE: Criminal History Requests

<table>
<thead>
<tr>
<th>Name (Print Last/First/M.I.)</th>
<th>A. K. A. or Maiden Name</th>
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</thead>
<tbody>
<tr>
<td>S. S. #</td>
<td>D. O. B.</td>
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<tr>
<td>Address, City, State, &amp; Zip Code</td>
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<tr>
<th>Name (Print Last/First/M.I.)</th>
<th>A. K. A. or Maiden Name</th>
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<tbody>
<tr>
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<td>D. O. B.</td>
</tr>
<tr>
<td>Address, City, State, &amp; Zip Code</td>
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</tbody>
</table>

Signature of Requester

You **DO NOT** need to send Authorization for Release of Information.
INSTRUCTIONS FOR COMPLETING
DHHS Volunteer Hours Report Form

This form is to be used as a master record for you to submit a monthly report on the types of volunteers and hours worked. It will be used to record volunteer hours for the entire year for your office/facility. (Important Note: Even if there are no volunteer hours to report, this form must still be submitted monthly.

INSTRUCTIONS BY SECTION:

Top Section: Write the name of the Service Area or Facility being reported and the applicable code for the county area being reported (facilities have a separate code). Indicate who is submitting the report and the telephone number for that person. Under “Fiscal Year” write the applicable fiscal year (example: 1999-2000).

Complete section for the month being reported as follows: (Note: Record hours as full hours)

Section: Organizations:
Definition of Organization: Any organized group of people volunteering time as a group.
Write the number of groups volunteering this month; the total number of volunteers represented in those groups; and the total number of hours worked by those volunteers this month.

Section: Interns:
Definition of Intern: Any student receiving supervised training without compensation.
Write the number of interns volunteering this month and the total number of hours worked by those interns this month.

Section: Community Service
Definition of Community Service: Individuals who are doing volunteer work to receive credit through school or the court for community service.
Write the number of individuals volunteering this month and the total number of hours worked by those doing community service work this month.

Section: Individual Volunteers
Definition of Individual Volunteers: All other individuals volunteering who were not included in the previous categories. Write the number of individuals volunteering this month and the total number of hours worked this month.

Section: Client Contact
This section relates to the type of work the volunteers counted above do in their volunteer positions. Write the total number of individuals volunteering this month that are in jobs that have one-to-one contact with our clients/residents members/youth and total number of hours worked by these volunteers this month.

Section: Non-Client Contact
This section relates to the type of work the volunteers counted above do in their volunteer positions. Write the total number of individuals volunteering this month that are in jobs that do other types of work that are not in one-to-one situations (example: office work, grounds work, special projects) and the total number of hours worked by these volunteers this month.

Section: Monthly Total
This section serves as a summary of the Client Contact and Non-Client Contact type of work. Write the total number of volunteers that worked this month and the total number of hours that they worked for this month.

(Note: This form is your master record. Please enter your totals on the on-line data base or send this report to your Service Area Lead by the last working day of the month following the month being reported. If you submit a copy to your Service Area Lead and need to make any changes to a previous month already reported, please highlight with highlight marker.)
# DHHS Volunteer Coordination Team
## Monthly Volunteer Hours - Worksheet

**Month:** ______________

### Organizations

<table>
<thead>
<tr>
<th>Total Volunteers</th>
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<tbody>
<tr>
<td>Total Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Groups</td>
<td></td>
<td></td>
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<tr>
<td>Total Non-Client Group Volunteers</td>
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<tr>
<td>Total Non-Client Group Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Non-Client Groups</td>
<td></td>
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</tbody>
</table>

### Community Service

| Total Client Volunteers |          |          |
| Total Client Hours      |          |          |
| Total Non-Client Volunteers |          |          |
| Total Non-Client Hours  |          |          |

### Interns

| Total Client Interns |          |          |
| Total Client Intern Hours |          |          |
| Total Non-Client Interns |          |          |
| Total Non-Client Intern Hours |          |          |

### Individual Volunteers

| Total Client Contact Volunteers |          |          |
| Total Client Contact Hours     |          |          |
| Total Non-Client Volunteers   |          |          |
| Total Non-Client Hours        |          |          |

### State Totals

| Total Client Volunteers |          |          |
| Total Client Hours      |          |          |
| Total Non-Client Volunteers |          |          |
| Total Non-Client Hours  |          |          |
| Total Volunteers        |          |          |
| Total Hours             |          |          |

**Date Completed:** ______________

**Completed by:** ______________

---

This monthly volunteer hours worksheet is used to track the volunteer activities and hours contributed by clients and non-clients. It helps in coordinating volunteer efforts and ensuring that services are provided efficiently.
# Volunteer Hours Report

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**VOLUNTEER HOURS REPORT**

Name of Service Area/Facility ________________________________ Code ___________________

Submitted By ________________________________ Telephone ________________

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Organizations</th>
<th>Intern</th>
<th>Community Service</th>
<th>Individual Volunteers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Volunteers</td>
<td>Hours</td>
<td>Groups</td>
<td>Volunteers</td>
<td>Hours</td>
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<tr>
<td></td>
<td>July</td>
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<td>August</td>
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<td>TOTAL</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Client Contact</th>
<th>Non-Client Contact</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Volunteers</td>
<td>Number of Hours</td>
<td>Number of Volunteers</td>
</tr>
<tr>
<td></td>
<td>July</td>
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<tr>
<td></td>
<td>January</td>
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</tbody>
</table>

Please enter your totals on the on-line database or send this report to the Volunteer Program Service Area Lead by the last working day of the month following the month being reported. DO-18 02/00
INSTRUCTIONS FOR COMPLETING
DHHS Donations Report Form

This form is to be used as a master record for you to submit a monthly report to the State Volunteer Coordination Team on donations received. Donations are recorded by a code as indicated on the form. (Important Note: Even if there are no donations to report for the month, this form must still be submitted.)

SERVICE AREA/FACILITY: Write the name of the Service Area of Facility being reported and the applicable code for the county area being reported (facilities have a separate code). Indicate who is submitting the report and the telephone number for that person.

FISCAL YEAR: Under “Fiscal Year” write the applicable fiscal year (example 1999-2000).

CODE: For the month reported, refer to the codes on the bottom of the form, and using rounded whole dollar amounts, write an estimated value under that code for donations received. (Note: These estimates are for internal purposes only; we do not provide the estimates to the donor. Donors are to establish their own value to their donations.

(Note: This form is your master record. Please enter your totals on the on-line data base or send this report to your Service Area Lead by the last working day of the month. If you submit a copy to your Service Area Lead and need to make any changes to a previous month already reported, please highlight with highlight marker.)
## DHHS Volunteer Coordination Team
### Donations - Work Sheet
#### Month ____________________

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Goods</td>
<td>01</td>
</tr>
<tr>
<td>Appliances &amp; Furniture</td>
<td></td>
</tr>
<tr>
<td>Food Products</td>
<td>03</td>
</tr>
<tr>
<td>Cash/Checks</td>
<td>04</td>
</tr>
<tr>
<td>Personal Sundries</td>
<td>05</td>
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<tr>
<td>Toys</td>
<td>06</td>
</tr>
<tr>
<td>Services</td>
<td>07</td>
</tr>
<tr>
<td>Gift Certificates</td>
<td>08</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>09</td>
</tr>
<tr>
<td>Recreation</td>
<td>10</td>
</tr>
</tbody>
</table>

**Date Completed:** ___________

**Completed by:** ___________

---

*a:\monthly donation workseet.doc (word doc JB 03/2005)*
# DONATIONS REPORT

**Name of Service Area/Facility** ____________________________________________ **Code** ___________________

Submitted By _____________________________________________________ **Telephone** _______________

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Code</th>
<th>1</th>
<th>2</th>
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</tbody>
</table>

**CODES:**

01 Household Goods/Appliances and Furniture  
02 Clothing  
03 Food Products  
04 Cash/Checks  
05 Personal Sundries  
06 Toys  
07 Services  
08 Gift Certificates  
09 Miscellaneous  
10 Recreational Items

Please enter your totals on the on-line data base or send this report to the Volunteer Program Service Area Lead by the last working day of the month following the month being reported.

DO-19 02/00
## Nebraska Department of Health and Human Services

### Volunteer Program Report Codes

#### Western Service Area
- **Banner** 01040  **Antelope** 04020
- **Box Butte** 01070  **Boone** 04060
- **Cheyenne** 01170  **Boyd** 04080
- **Dawes** 01230  **Brown** 04090
- **Deuel** 01250  **Burt** 04110
- **Garden** 01350  **Cedar** 04140
- **Kimball** 01530  **Cherry** 04160
- **Morrill** 01620  **Colfax** 04190
- **Scotts Bluff** 01790  **Cuming** 04200
- **Western NE Vets Home** 01791  **Dakota** 04220
- **Sheridan** 01810  **Dixon** 04260
- **Sioux** 01830  **Dodge** 04270
- **Holt** 04450  **Keya Paha** 04520
  - **Knox** 04540

#### Southwest Service Area
- **Arthur** 02030  **Madison** 04590
- **Chase** 02150  **Norfolk Regional Center** 04591
- **Dawson** 02240  **Norfolk Vets Home** 04592
- **Dundy** 02290  **Nance** 04630
- **Frontier** 02320  **Pierce** 04700
- **Furnas** 02330  **Platte** 04710
- **Gosper** 02370  **Rock** 04750
- **Grant** 02380  **Stanton** 04840
- **Hayes** 02430  **Thurston** 04870
- **Hitchock** 02440  **Washington** 04890
- **Hooker** 02460  **Wayne** 04900
- **Keith** 02510  **Eastern Nebraska Veterans’ Home** 05281
- **Lincoln** 02560  **Sarpy** 05770
- **Logan** 02570
- **McPherson** 02600  **Douglas** 05280
- **Perkins** 02680  **Eastern Nebraska Veterans’ Home** 05281
- **Red Willow** 02730
- **Thomas** 02860

#### Eastern Service Area
- **Adams** 03010  **Butler** 06120
- **Hastings Regional Center** 03011  **Cass** 06130
- **Blaine** 03050  **Fillmore** 06300
- **Buffalo** 03100  **Geneva YRTC** 06301
- **Kearney YRTC** 03101  **Gage** 06340
- **Clay** 03180  **Beatrice State Dev. Center** 06341
- **Custer** 03210  **Jefferson** 06480
- **Franklin** 03310  **Johnson** 06490
- **Garfield** 03360  **Lancaster** 06550
- **Greeley** 03390  **Lincoln Regional Center** 06551
- **Hall** 03400  **Nemaha** 06640
- **Grand Island Vets Home** 03401  **Otoe** 06660
- **Hamilton** 03410  **Pawnee** 06670
- **Harlan** 03420  **Polk** 06720
- **Howard** 03470  **Richardson** 06740
- **Kearney** 03500  **Saline** 06760
- **Loup** 03580  **Saunders** 06780
- **Merrick** 03610  **Seward** 06800
- **Nuckolls** 03650  **Thayer** 06850
- **Phelps** 03690  **York** 06930
- **Sherman** 03820
- **Valley** 03880
- **Webster** 03910
- **Wheeler** 03920

#### Central Service Area
- **Central Office** 09000
Nebraska Department of Health and Human Services
CONTRIBUTION RECORD

Date ________________

Donor Name ____________________________________________

Address ________________________________________________

City/State/ZIP Code _______________________________________

Item(s) Donated: __________________________________________

________________________________________________________________________

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CONTRIBUTION RECEIPT

Date ________________ Donor’s Name __________________________

This acknowledges a donation of the item(s) listed below to the Nebraska Department of Health and Human Services.

Item(s) _________________________________________________

________________________________________________________________________

________________________________________________________________________

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Estimated Total Value: ________________ (to be completed by donor)

Item(s) Received By:

Name: ________________________________________________

Title: ________________________________________________
Volunteer Program Annual Report

The DHHS Policy Cabinet adopted Minimum Operating Standards in April 1999, followed by the appointment of a state Volunteer Program Coordination Team. The team is comprised of one person from each of the Service Areas, * appointed by the Service Area Administrator and each 24-hour facility, appointed by the Facility CEO; and one person representing DHHS central administration, appointed by the Policy Cabinet. A liaison from central administration was also appointed by the Policy Cabinet to assist the team.

The responsibilities of the team include: (1) overseeing and recommending adjustments to the DHHS Volunteer Program standards and procedures, (2) developing volunteer program printed materials for statewide usage, (3) planning annual statewide recognition of volunteers, (4) arranging training and technical assistance for Volunteer Program staff and (5) providing an annual report.

The 7th Volunteer Program Annual Report 2006 (for fiscal year 2005-2006)
The 8th Volunteer Program Annual Report 2007 (for fiscal year 2006-2007)
The 10th Volunteer Program Annual Report 2009 (for fiscal year 2008-2009)
APPENDIX C
Supportive Materials
Administrative Policy
Policy Cabinet – Volunteer Program

April 13, 1999

TO: Service Area Administrators
Division Administrators: Services, F& S, R & L
Facility CEO’s

FROM: Policy Cabinet:
Jeff Elliott, Director of Finance and Support
Dick Nelson, Director of Regulation and Licensure
Dr. Richard Raymond, Chief Medical Officer
Ron Ross, Director of Services

RE: NHHSS Volunteer Program Operations and Policy

This administrative policy establishes a Volunteer Program within the Nebraska Health and Human Services System. This communication includes Minimum Operating Standards and a process for the Organizational Structure.

In 1998 a work group was formed comprised of a representative group of Volunteer Coordinators who were managing a volunteer program within HHSS (see attachment). This group was asked to (1) review current policies and procedures of the existing programs, (2) provide a report of findings, and (3) generate recommendations for coordinated and consistent volunteer services within the System. A report was submitted to the Policy Cabinet in January. We want to extend our personal appreciation to the members of the group for their dedication to the task and extensive work in providing the report. This communication is a result of their work.

Philosophy. The utilization of volunteers provides a cost-effective means of supporting Staff as well as assisting in the enhancement of service delivery. Staff at all levels should have the opportunity to be involved in planning effective utilization of volunteers. A well managed volunteer program can contribute to improved quality and quantity of Services. Our mission is best served by the active participation of community citizens. To this end, we accept and encourage the involvement of volunteers at all levels of the System and within all appropriate programs and activities. In recognition of this belief, The Nebraska Health and Human Services System will maintain the following basic philosophy in the utilization of volunteer services:

- Volunteers are people with skills and needs.
  The trained and supported volunteer will be a good ambassador to the community at large.
Most jobs within the HHSS can be extended, reinforced, or enriched by a volunteer contribution. In no circumstances will the volunteer be a replacement for paid staff.

Appropriate selection, placement, training and supervision of volunteers is essential so that the special skills each person brings to the job can best be utilized to the benefit of HHSS and volunteer alike.

The benefits that can result from a good volunteer and staff partnership exceed the administrative effort involved.

Timely and meaningful recognition is key to the retention of volunteers.

Organizational Structure. To minimize risk and maximize services to those we serve through volunteer utilization, all sites utilizing volunteers will be managed by professional Staff and provided the necessary resources to devote to the coordination of volunteer Services. Each Central Office administrative division utilizing volunteers, Service Area, and Facility will provide volunteer coordinator(s) to provide management of volunteer services. These staff will have a “working title” of Volunteer Coordinator and the responsibility will be clearly outlined in their job description. The role of the Volunteer Coordinator will be considered as an integral and critical component in the management Structure. Volunteer Coordinators will be offered, at a minimum six hours of in-service Training annually related to the management of volunteers and/or professional Development and be encouraged to participate in professional organizations to increase Volunteer management skills.

Each Service Area Administrator, Facility CEO, and Central Office administrative division utilizing volunteers, will designate a budget for volunteer program activities. Allowable expenses must be supported by the Nebraska Accounting System.

A Volunteer Program Coordination Team will be established to provide support system wide to volunteer coordination staff and assure a level of consistency statewide. This group will be comprised of one representative from each Service Area and Facility and one representing “HHSS central administration.” This team will serve under the Policy Cabinet to (1) provide oversight and recommended adjustments to the minimum HHSS Volunteer Program policy/procedures, (2) develop volunteer program printed materials/publications for statewide usage, (3) plan annual statewide recognition of Volunteers, (4) arrange for training and technical assistance for Volunteer Program staff, and (5) provide an annual report. (Note: A separate communication will be sent to you outlining the process for establishing this team.)

On a rotation basis of one year, a Coordinator will be designated by and from within the Coordination Team. This person will (1) provide program supervision and support to HHSS Volunteer Coordinators statewide, (2) assure efficiency, continuity and agreement wish HHSS vision, mission, goals and policies, (3) compile all statistics on
volunteer activity statewide and coordinate the annual report, (4) facilitate the design and production of printed materials as needed, (5) share information statewide with staff on subjects related to volunteer management, (6) facilitate necessary planning and training activities, and (7) coordinate statewide purchases as needed to receive the best purchase price for recognition items, etc.

**Minimum Operating Standards.** Attached are minimum operating standards that all sites or programs utilizing volunteers within HHSS will follow. In addition, all programs will have in writing any other necessary policy/procedures to minimize risk and maximize services to those we serve as well as to allow flexibility to meet local needs.

**Policy Cabinet Liaison.** Pat Taft, Office of the System Advocate, will be servicing as the liaison to the Policy Cabinet for the Volunteer Program Coordination team and HHSS Administrators regarding Volunteer Program related information. Questions regarding this communication or other information can be directed to her at 402-471-6035 or Office Vision: DSS0040.

cc: DHHS Volunteer Coordinators
cc: Pat Taft, System Advocate
INTRODUCTION

The following policy and procedures are viewed as minimum operating standards for all volunteer programs within the Nebraska Department of Health and Human Services (DHHS). In addition to this, all operational volunteer programs should have supplemental policy and procedures for individualized program needs and requirements.

Section I. Volunteer Eligibility

Volunteers may be selected from all social and economic groups within the community, without regard to race, creed, color, national origin, sex, age, marital status, religion, political affiliation or physical/mental disability.

A parent or guardian's signature is required for individual volunteers under age 19. Volunteer opportunities for individuals under the age of 19 may be allowed when deemed appropriate by the Volunteer Coordinator.

Federal Fair Labor Standards Act provides that employees may volunteer hours of service to their employer without promise, expectation or receipt of compensation for services rendered, provided such services are not the same type of services for which the individual is employed to perform. Employees shall not be required or expected to volunteer.

Section II. Recruitment

Recruitment for volunteers will be coordinated through the Volunteer Coordinator in a thoughtful, planned manner with recruitment strategies suited to community resources and local needs. Methods of recruitment may include, but are not limited to group presentations, mass media, and the involvement of local resources such as private and government businesses, volunteer referral centers, schools, churches, senior service programs, and employment offices.

All printed recruitment material must provide a positive agency image and include the DHHS logo and design standards outlined by Communications and Legislative Services of DHHS.

Section III. Screening

The type and extent of volunteer screening will vary with the nature of the volunteer position. For placements where an individual volunteer will be working directly with a client/resident/member/youth, thorough backgrounds checks will be completed to include the Child and Adult Abuse Registries, law enforcement, Motor Vehicles and personal references.

In circumstances where a community group of volunteers provides similar direct services, all volunteer activities must be constantly supervised unless a background check has been completed on the individual(s) providing the service.

In addition to background checks, all volunteers providing transportation services must be screened for the following as per policy of the State of Nebraska Office of Risk Management. Transportation volunteers should be screened initially and annually by:
A. viewing of the volunteer's driver's license for renewal date and restrictions;
B. viewing of the volunteer's insurance coverage card;
C. a periodic check with the NE Department of Motor Vehicles to monitor accrued points and driving record of the volunteer;
D. verifying the safety of the vehicle to be used by the volunteer.

Based on information received, the decision to place a volunteer is at the discretion of the site management.

Section IV. Placement/Supervision
Placement of the volunteer is a negotiated activity involving the Volunteer Coordinator, volunteer and designated supervisor working together. There should be flexibility for a volunteer to try out a placement and for a supervisor and/or Volunteer Coordinator to reassign a volunteer. Each site should have a method for identifying volunteers (such as a name tag, sign-in board, etc.).

All volunteers or groups of volunteers will have a designated employee who serves as supervisor. This supervisory person can be any employee including those without any official supervisory duties.

Section V. Orientation and Training
In order to develop an effective, beneficial, and successful Volunteer Program, preparing volunteers for the kinds of duties and responsibilities they will be asked to assume is critical. Volunteer Coordinators and/or placement supervisors will provide an orientation and initial training for all volunteers prior to placing them in a work assignment. Orientation and training is a requirement for all volunteers and can be conducted, on an individual basis, with small groups, or included with staff.

Minimum information should include the mission and vision of DHHS and the policies and procedures of the agency and volunteer program that includes liability, confidentiality, attendance, and if applicable, universal precautions for infectious diseases and conflict management procedures.

Section VI. Record Keeping
Files will be kept on each volunteer or group of volunteers and will contain the following information:

Application. Individual volunteers will complete an application/registration form and signed release of information to obtain background checks, where applicable.

Background Checks. Verification obtained should be dated and reflect the name of the volunteer.

Driver's License/Auto Insurance. For volunteers using their personal vehicle for work related to their assigned volunteer job, include a copy of their auto insurance verification. For volunteers driving a personal or state vehicle as part of their assigned volunteer job, include a photocopy of their current driver's license.

Signed Agreements. All volunteers must sign a prepared statement agreement to follow all agency policies and requirements directly related to the volunteer assignment including those related to security, confidentiality of records and other privileged information.
Termination Documentation. If a volunteer is terminated, the record must reflect that the person was separated at the decision of the agency.

Volunteer Time Sheets. A record of hours worked will be kept for each registered volunteer and groups of volunteers.

Section VII. Evaluation
There will be ongoing evaluation of the effectiveness of volunteers to ensure that volunteer services are being delivered consistent with program expectations, safety considerations, and the needs of the individual(s) served. All volunteers will have the opportunity to evaluate the placement.

Evaluation will be completed through one or more of these methods: site visits, staff feedback, written documentation, or other evaluation processes established by each site.

Section VIII. Separation
Either the volunteer or the agency may terminate the volunteer relationship at will.

Section IX. Recognition
Recognition of volunteer time and contributions is the responsibility of everyone in DHHS but the primary responsibility lies with the Volunteer Coordinator. Recognition should be on an ongoing basis, and at a minimum, all volunteers will be recognized on an annual basis.

Section X. Liability and Risk Management
The following reflects DHHS policy and this information must be explained to the volunteer prior to placement:

A. A volunteer, as provided in the Congressional Volunteer Protection Act of 1997, while performing within the scope of his/her responsibilities for the state, may not be liable for injuries or harm resulting from his/her conduct unless the conduct is willful, criminal, reckless or resulting from a conscious or flagrant indifference to the rights or safety of others.

B. Transportation volunteers who have a valid driver's license are covered under the state automobile liability policy. If a volunteer is driving a personal vehicle, their owner’s insurance is primary. The volunteer must provide proof of minimum automobile insurance coverage as required by the State of Nebraska.

C. A volunteer registered with the DHHS is not covered by insurance or indemnified by the State for any legal suits against him/her as a result of damage to a person or property in the course of his/her volunteer work.

D. A volunteer is not covered by Worker's Compensation through DHHS should s/he become injured in the course of his/her volunteer work.

E. If the volunteer feels that intentional acts or negligence on the part of the DHHS and/or its staff was the cause for his/her personal liability or injury, s/he may file a claim seeking recovery of loss through the Office of Risk Management/State Claims Board.
Requirements for Volunteers Driving a Vehicle in the Course of Performing Volunteer Duties:

1. Must be 19 years of age or older.
2. Must have completed a defensive driving course prior to driving a State vehicle as a volunteer.
3. Must be registered as a volunteer with NDHHS and have completed an orientation on DHHS travel policies.
4. Must have a valid driver's license and a good driving record. (Note: the assessment of six or more points in the preceding 24 months on a driving record is the indicator for an indepth review of circumstances.)
5. If the volunteer is driving his/her own vehicle, s/he must provide proof of minimum automobile insurance coverage as required by the State of Nebraska.
6. Must be willing to document destination and time and travel as per general DHHS operating procedures, if required.

Safety for Residents/Clients/Members and Volunteers:

Policies related to safety for individuals we serve and volunteers, including, but not limited to, universal precautions to prevent spread of infectious disease, field trips, pet programs, one-to-one placement, confidentiality, building security, volunteer/resident relationships and authorized work must be in place for each site and shared with each volunteer before placement.

Section XI. Authorized Work
The following are limitations on work that can be assigned:

Computer Access. Volunteers/interns are authorized to work with computer systems on an inquiry-only basis and this must be stated clearly to the volunteer. An exception may be made for student interns with a formal practicum agreement from a higher education institution and adequate supervision. Decision for which job(s) a volunteer/intern can access will be at the discretion of the appropriate Administrator at that location.

Case Management Activities. Volunteers/interns may be assigned tasks to assist in supporting the day-to-day activities of program case managers, with the exception of the following tasks:

- Making final determination of eligibility for services
- Authorizing medical or other provider payments
- Participating in a child abuse/neglect investigation

Additionally, volunteers serving in an Intern capacity, with a Junior or Senior standing and under the direct professional supervision of the case manager may conduct the face-to-face interview for purposes of completing the economic assistance application or review processes.

(NOTE: All volunteers/interns assigned to assist program case managers must have close supervision for all tasks.)

Professional Services. Volunteers may perform professional services only when they are certified or licensed for the service. Each site is to develop policy applicable to specific professional services that volunteers provide as part of their duties on site including credential review and job parameters.
Section XII. Expense Reimbursement
Reimbursement may be provided for necessary expenses in extreme cases related to a volunteer's work assignment. Reimbursement is at the same rate and subject to the same limitations as that received by paid staff. All reimbursements must be approved only by the appropriate administrator for that location.

Dated this 17th day of March, 2010.

____________________________________
Kerry T. Winterer
Chief Executive Officer
Department of Health and Human Services