Transitional Volunteer Program
Referring Professional Handbook

Everyone can be great because everyone can serve.
— Martin Luther King, Jr.
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Dear Referring Professional,

Thank you for your interest in the Transitional Volunteer Program (TVP), a program of The Volunteer Center Serving San Francisco and San Mateo Counties. We have assembled this package to support your understanding of TVP and assist you in the process of Client Referral. Within these pages you will find a detailed program description, guidelines for assessing Client readiness, and a sample referral form, among other information.

Please read through the materials and contact us to clarify any questions you may have. As a Referring Professional, you are an integral part of a collaborative team, which also includes the Client, Volunteer Managers, and TVP Staff. We are all working together for a Client’s success. For this, we ask for two key things:

- Complete the TVP Referral Form before referring a Client to our orientation.
- Remain in on-going contact with TVP Staff once your Client joins TVP.

This will ensure that we have adequate information to place and support your Client in the best possible volunteer experience.

For additional information, please contact us by phone: 415-982-8999, TDD/TTY: 415-982-0291 or email tvp@thevolunteercenter.net. Please note that translators and sign language interpreters are available for communication with our program, if needed. Our offices are wheelchair accessible.

We look forward to working with you!

Sincerely,

The Transitional Volunteer Program Staff
Benefits of Volunteering for TVP Clients

The benefits of volunteering are numerous and diverse. Following are some of the benefits TVP Clients and Referring Professionals have reported over the years.

- Re-enter the workforce in a gradual and supported way
- Gain purpose and a sense of value
- Focus energy on positive activities
- Develop social and vocational skills
- Develop self-esteem and self-confidence
- Build references
- Get to know a new community or neighborhood
- Explore vocational interests
- Establish structure and a daily routine
- Contribute to another’s life
- Decrease isolation and build community
- Be an agent of change
Is Your Client Ready to Volunteer?

Volunteering is a significant step towards the achievement of a Client's personal and vocational goals. Volunteer placements mimic many of the conditions of paid work, with the advantage of a flexible commitment and hours required. While volunteering is beneficial for many people, it is important to remember that not every Client is ready for the experience. To ensure the success of your Client, please use the following criteria to assess if s/he is an appropriate candidate for TVP.

An individual is ready to volunteer at a nonprofit organization when s/he:

- Expresses an interest in volunteering or working.
- Consistently arrives on time to scheduled appointments and/or calls ahead if s/he cannot do so.
- Asks for and follows clear instructions without needing constant supervision.
- Can concentrate on a task for two hours at a time.
- Manages stress appropriately.
- Accepts feedback and supervision.
- Demonstrates appropriate grooming, dress, and hygiene.
- Shows a commitment to taking prescribed medication.
What Services Does TVP Offer Your Client?

The Transitional Volunteer Program offers a number of services to ensure your Client’s successful placement in and completion of a volunteer position. Translators and sign language interpreters are available for communication with our program, if needed. In addition, we are available for communication by phone: 415-982-8999, TDD/TTY: 415-982-0291 or email: tvp@thevolunteercenter.net.

- Supported referrals to community volunteer placements
  - TVP Staff will assist your Client in the process of connecting to a community placement that meets your Client’s personal and professional goals. We work with over 100 nonprofit organizations that offer a diversity of engaging volunteer opportunities.

- Accompaniment to interview/orientation
  - The TVP Staff can accompany your Client to his/her initial interview or orientation at the volunteer site, in order to provide support and decrease anxiety.

- Accompaniment to the first day of volunteering
  - The TVP Staff can accompany your Client to his/her first day of volunteering to help support his/her transition to a regular volunteer commitment.

- Weekly Support Group
  - We offer a weekly consumer-led drop-in group for Transitional Volunteers in which your Client can discuss volunteer experiences, listen and share with peers who are in the same state of transition.

- Follow-up calls to monitor progress
  - TVP Staff perform follow-up calls within one week of your Client’s initial interview/orientation, as well as after his/her first day of work, to discuss how things are going and to assist with any issues that may have arisen. Staff are always available by phone to discuss volunteer placement issues as they arise.

- Performance Evaluations and Vocational Referrals
  - After three months at the volunteer placement, TVP Staff provide your Client with an evaluation of their work performance, based on feedback from their Volunteer Manager. At this point, we are also available to provide your Client with referrals to further vocational training, so they may continue with their professional development.
Overview of the TVP Process

Following is a description of how Clients participate in TVP:

1. Client and Referring Professional jointly determine Client readiness for TVP.

2. Client and Referring Professional fill out and fax in the four-page TVP Referral Form. A BIS number is not necessary for a client to be eligible for services. TVP accepts referrals from all city programs, including but not limited to: CBHS contractors, Project Homeless Connect, SF First Team, all City clinics, and DOR. For a full list of the agencies TVP serves, please contact TVP staff. An updated referral form is required every six months to ensure that all Client information is current.

3. Client attends a drop-in orientation to learn about the services available through TVP. These occur every Tuesday from 11am to 12pm, with sign-in beginning at 10:45am. At this time, the Client signs the TVP Client Agreement (Appendix A) and makes a one-on-one appointment with a TVP Counselor.

4. Client meets with a TVP Counselor for an in-depth assessment, in which goals are set and decisions are made regarding a volunteer placement. An appointment to meet with a Volunteer Manager, or attend a new volunteer orientation, is set up at this meeting or shortly afterward.

5. Client attends an informational interview/orientation at a nonprofit agency. A decision to accept or decline the placement is made by both the Client and the agency's Volunteer Manager at, or soon after, this interview. At this time, a schedule may also be set. A TVP Counselor is available to support the Client at the interview, if desired by the Client.

6. A Volunteer Placement Agreement (Appendix B) verifying the placement, schedule and tasks is sent to the Client, Volunteer Manager and Referring Professional.

7. Within one working day of the interview and after the first day of work, a TVP Counselor follows up with calls to the Client and Volunteer Manager.

8. Throughout the placement, the TVP Counselor is available to engage in creative problem solving with the Client, Volunteer Manager and Referring Professional, as needed.

9. At three months, a Transitional Volunteer Performance Evaluation (Appendix C) is completed by the Volunteer Manager, and then forwarded to the Client and Referring Professional. At this time, a Client Exit Interview is also conducted by the TVP Counselor, at which point the client may end their placement, continue volunteering, or be referred to a paid vocational training program, if s/he is interested in pursuing paid work.
### Potential TVP Placement Sites

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<th>Animals</th>
<th>Health and Senior Services</th>
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<tr>
<td>SF Zoo</td>
<td>Laguna Honda Hospital</td>
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<td>St. Luke’s Hospital</td>
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<td>Marine Mammal Center</td>
<td>California Pacific Medical Center</td>
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<td>On Lok Senior Services</td>
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<td>Jewish Home</td>
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<td>CELSpace</td>
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<td>SF Symphony</td>
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<td>Asian Art Museum</td>
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<td>Precita Eyes Mural Arts Center</td>
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<th>Construction</th>
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<td>Habitat for Humanity</td>
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<td>Market Street Railway</td>
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<td>National Maritime Park</td>
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<td>Project Open Hand</td>
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<td>Glide Memorial</td>
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<td>Haight Ashbury Food Program</td>
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<td>Seniors’ Emergency Grocery Bag Program</td>
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<td>St. Anthony Foundation</td>
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<th>Gardening / Parks Service</th>
<th>Legal</th>
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<td>Friends of the Urban Forest</td>
<td>Eviction Defense Collaborative</td>
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<td>Golden Gate National Recreation Area</td>
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<td>SF Botanical Gardens</td>
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<tr>
<td>Golden Gate Park</td>
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</table>
### Potential TVP Volunteer Positions

#### Animals
- Shelter Assistant
- Zoo Attendant
- Animal Socializer

#### Arts
- Usher
- Gallery Aid
- Production Assistant
- Creative Arts Program Assistant

#### Construction
- Boat Restorer
- House Builder
- Railway Car Restorer
- Painter

#### Food Service/Retail
- Cook
- Kitchen Assistant
- Dishwasher
- Grocery Bagger
- Clothing Sorter
- Cashier

#### Gardening / Parks Service
- Gardener
- Tree Planter and Pruner
- Trail Builder
- Native Plant Restoration Assistant
- Parks Maintenance Worker

#### Health Services
- Patient Visitor
- Peer Counselor
- Patient Transporter
- Activities Assistant

#### Office Administration
- Receptionist
- Mailing Assistant
- File Clerk
- Data Entry Clerk
- Telephone Operator
Transitional Volunteer Program
Staff Contact List

• Damien Chacona
  Volunteer Services Manager
  415-982-8999 Ext 234
  dchacona@thevolunteercenter.net

• Matt Miller
  Vocational Counselor
  415-982-8999 Ext 245
  mmiller@thevolunteercenter.net

• TDD/TTY: 415-982-0291
Section 1. Client Section

1. What is your Name?
   - First
   - Middle
   - Last
   - Social Security Number

2. Address:

3. Date of birth ______/_____/______
   - Month
   - Day
   - Year

4. What are your vocational goals?
   - Paid employment
   - Training/education
   - Volunteering
   - Please Explain:

5. What is your telephone number?
   - Home (____) ____ - ______
   - Cellular (____) ____ - ______

6. Do you have an e-mail, if so please list:

7. What is your gender?
   - Male
   - Female
   - Transgender

8. What is your ethnicity?
   - African American
   - Asian/Pacific Islander
   - Filipino
   - Chinese
   - Native American/Alaskan Native
   - Hispanic/Latino(a)
   - White
   - Multiracial
   - Other: __________________________________________

Client Signature ___________________________ Date __________

I authorize the information on this referral form to be released and exchanged by the referring agency.
Client Name: ___________________

Section II. Clinician Section

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<td>9. BIS Number: __________________________</td>
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<td>10. Diagnosis: Axis I: [ ] ___________________</td>
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<td>Axis IV: __________________________________</td>
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<td>Axis V: ___________________________________</td>
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11. Please list any medication(s) client is currently taking (up to 6):
   1. ______________________  2. _____________________  3. _____________________
   4. ______________________  5. _____________________  6. _____________________

Signature________________________________________

12. Date last hospitalized:

13. Please list any major medical issues:

14. Does client have a history of alcohol/substance abuse?
   - [ ] Yes, currently (list types and frequencies):
   - [ ] Yes, in the past (list types and frequencies):
   - [ ] If yes, is the client clean and sober now: ___ Years ___ Months
   - [ ] No

15. Does client have any known history of violence? [ ] Yes [ ] No
   If so, how long ago?
   Please explain:
Client Name: ________________________

16. Is the client on probation or parole? [ ] Yes  [ ] No

If yes, please provide the parole officer contact information:

17. Precipitators that lead to acute symptomatology (red flags)/ Reaction to Stress (Client Response to Red flags):

18. Support system:

19. Suggested strategies and/or reasonable accommodations for working with this client:

20. Vocational Performance Strengths/Challenges (This list is particularly significant in vocational planning)

21. Occupations or situations to be avoided:

22. Ability to tolerate full day of employment or training (Please explain any health issues that may impact work tolerance):

23. Coping skills/Ability to manage change/Ability to work and get along with others/ability to accept feedback:

24. Ability to work independently:
Client Name: ________________________

25. Motivation and cooperation:

26. Educational level – learning, reading, writing ability:

27. The barriers to employment e.g.: cognitive difficulties, developmental disabilities, hygiene and concentration deficit:

**Provider Support System:**

<table>
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<tr>
<th>Referring Counselor:</th>
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<tr>
<td>Phone:</td>
<td>Agency:</td>
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<tr>
<td>E-mail:</td>
<td>Fax:</td>
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<th>Psychiatrist:</th>
<th>Phone/E-mail:</th>
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<td>Case Manager:</td>
<td>Phone/E-mail:</td>
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<td>Therapist:</td>
<td>Phone/E-mail:</td>
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<td>Conservator:</td>
<td>Phone/E-mail:</td>
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<td>Others:</td>
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**Emergency Contact:**

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<th>Name:</th>
<th>Relationship:</th>
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<td>Phone:</td>
<td>E-mail:</td>
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Welcome to the Transitional Volunteer Program! We look forward to supporting you on your journey of volunteering. This agreement establishes our working relationship as you prepare to secure and carry out a volunteer placement. We have found that this allows for the smoothest and most beneficial experience for everyone involved in the program.

**Principles:**

These are success principles to which we both will adhere (Volunteer Managers will ask you to adhere to these as well):

- Commitment – to follow through on agreements
- Willingness – to try new things
- Respect – of each other, of information shared, of time
- Honesty – to share pertinent information that could affect your success in a volunteer placement

**The Goal:**

To secure and carry out a meaningful volunteer placement that meets your personal and vocational goals.

**TVP Entrance Criteria:**

1. Your caseworker or therapist fills out and sends in a four-page referral form.
2. You sign this Client Agreement Form.
3. You attend a TVP Orientation.

**What You Can Expect From Us (TVP Staff):**

1. Respectful communication.
2. Timely response to voicemails, emails, and feedback.
3. Clear communication about the procedure of volunteer placement.
4. An open environment for you to express concerns or issues you are having in the placement procedure or at your volunteer site.
5. Support on how to handle difficult situations at your volunteer site.
6. Provision of follow up services, including a performance evaluation and post-program vocational training referrals.
What We Can Expect From You (Client):

1. Arrive to meetings and volunteer shifts on time – no more than 15 minutes early or 15 minutes late.

2. Attend all appointments. If you need to cancel, notify your TVP Counselor in advance, preferably with 24 hours notice.

3. Communicate respectfully with TVP Staff and other clients.

4. Avoid stopping into The Volunteer Center office without an appointment. If stopping in is the only way for you to correspond with TVP Staff, please understand that they will not be able to meet on demand.

5. Respond in a timely manner to voicemails and emails left for you by TVP Staff, preferably within 2 working days.

6. Limit phone calls to TVP Staff to one per day. Staff will return calls within 2 working days.

7. Discuss with TVP Staff any issues or problems that arise as soon as possible. Contact your TVP Counselor within 2 working days of leaving a volunteer placement.

8. Dress and groom appropriately for your volunteer placement.

9. Commit to 3 months of volunteer service at your chosen site.

10. Complete an exit interview with your TVP Counselor when leaving the program, whether or not you completed your volunteer placement.

11. Respect fellow TVP clients’ confidentiality by not speaking about them outside of the Support Group.

Reasons for Completing TVP:

1. Completion of your 3 month volunteer placement. Success!

2. Transition to paid vocational training or work.

3. You, your Referring Professional, and/or your TVP Counselor agree that a volunteer placement is not fulfilling your goals or the goals of the agency where you are placed.

I, ________________________________________________ (print name), have read and agree to the above statements.*

Client Signature

Date

Transitional Volunteer Program Staff

Date

*If you do not follow through on this agreement, you will be asked to take a break from TVP services for a period of up to 3 months.
TVP Volunteer Placement Agreement

This Volunteer / Agency agreement verifies the volunteer position of ___________________ at ___________________. If changes are made to this agreement, or if challenges arise in the volunteer placement, please contact the TVP Counselor listed below.

Date:

Volunteer:
- Name
- Contact Info: Street Address
- San Francisco, CA Zip
- Phone #

Referring Professional:
- Name
- Agency Name
- Contact Info: Street Address
- San Francisco, CA Zip
- Phone #

TVP Counselor:
- Name
- 1675 California Street
- San Francisco, CA 94109
- 415-982-8999 ext.

Volunteer Manager:
- Name
- Agency: Program
- Contact Info: Street Address
- San Francisco, CA Zip
- Phone #

Assignment:

Schedule:
- Days
- Times

Commitment:
- 3 months or more
**TRANSITIONAL VOLUNTEER PERFORMANCE EVALUATION**

Volunteer Manager: ___________________________ Date: __________

Agency: ___________________________

Volunteer: ___________________________

Schedule: ___________________________

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<th></th>
<th>Needs Improvement</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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<td>Attends scheduled work days</td>
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<td>Notifies tardiness or absence in advance</td>
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<td>Arrives on time and stays for entire shift</td>
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<td>Focuses on the task at hand</td>
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<td>Successfully works independently</td>
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<td>Asks for help if needed</td>
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<td>Completes a reasonable work load</td>
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<td>Appropriate dress/appearance/hygiene</td>
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Comments (please use other side if necessary):

________________________________________

Evaluated By: ___________________________ Date: __________

Is the volunteer still there?  
___ Yes ___ No  
If not, last day worked: __________

-18-  
Transitional Volunteer Program  
Referring Professional Handbook
Established in 1974, the Transitional Volunteer Program (TVP) places people with disabilities in structured volunteer positions supporting the work of nonprofits in San Francisco.

Placement in volunteer work gives transitional volunteers a number of benefits including:

- Opportunities to explore vocational interests and build job skills
- Increased self-esteem and confidence
- Stronger connections to their communities

TVP uses a team approach to support Transitional Volunteers in their placements, working closely with Referring Professionals and Volunteer Managers to make sure that the placement is focused on the goals of the Volunteer.

In addition to improving the lives of these individuals, nonprofits that offer volunteer opportunities for TVP Volunteers gain:

- Dependable volunteers with a vast range of skills and experience
- A minimum volunteer commitment of three months
- Education and support around issues of disabilities and accessibility
- The ability to recruit volunteers with specific skills, time availability and other criteria
- Support from the TVP Staff

**Eligibility Criteria**
Clients must be at least 18 years old and receiving services through San Francisco County’s Community Behavioral Health Services (CBHS) or the Department of Rehabilitation.

**Procedure**
1. Referring Professional and Client fill out and submit a Referral Form for our program.
2. Client attends an orientation at The Volunteer Center any Tuesday from 11:00 am - 12:00 pm.
3. Client meets with a TVP Counselor to explore goals and relevant volunteer opportunities.
4. TVP Counselor arranges an orientation/interview between a Volunteer Manager and Client.
5. Once the placement is confirmed, an agreement form is sent to the Client, Referring Professional and Volunteer Manager.
6. After three months, an evaluation form is sent to the Volunteer Manager to be completed and returned to the Client and Referring Professional.

**Follow Up and Support:** A weekly support group is offered Wednesdays from 2:30 – 4:00 pm.

**Location:** 1675 California Street San Francisco, CA 94109  **Phone:** 415-982-8999  
**TDD/TTY:** 415-982-0291  **Email:** tvp@thevolunteercenter.net  
We are wheelchair accessible via 1560 Van Ness Avenue.
Transitional Volunteer Program

Wednesday Support Group

Enrich your life with help and support from your peers!

• Meet other transitional volunteers
• Share your experiences
• Listen to others
• Offer and receive support
• Feel safe in a confidential setting
• Enjoy refreshments

Every Wednesday
(except holidays)
2:30 pm – 4:00 pm

Location
The Volunteer Center
1675 California Street (at Van Ness Avenue)
San Francisco, CA 94109
(Wheelchair accessible via 1560 Van Ness Avenue)

For more information contact us at:
Phone: 415-982-8999
TDD/TTY: 415-982-0291
Fax: 415-982-0890
Email: tvp@thevolunteercenter.net
Website: www.thevolunteercenter.net