



Jewish Federation  
OF HOWARD COUNTY

**FED TOV CONNECTION PROGRAM  
VISION & MISSION STATEMENTS  
(AS OF JULY 2020)**

**Vision Statement:** Develop, maintain, and nurture a corps of committed volunteers who assist the Jewish Federation of Howard County's Community Social Worker by positively affecting the quality of life of at-risk Jewish residents in Howard County.

**Mission Statement:** To improve every-day life by connecting resources, volunteers, and goods and services with Jewish residents who experience on-going needs in Howard County.

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**Note:** On July 1, 2020, Kugel Connection, Inc., a non-profit organization, merged with the Jewish Federation of Howard County's volunteer program, Fed TOV (Tikun Olam Volunteers). Kugel Connection's founder, Cheryl Kauffman, retired after serving our community for six years with outstanding outreach programs, such as "Eat and Schmooze," the HoCo Candlelight Concert Series, and socialization among isolated residents and volunteers. The merged entity is now called Fed TOV Connection.



**FED TOV CONNECTION  
VOLUNTEER RIGHTS & RESPONSIBILITIES  
(AS OF: JULY 1, 2020)**

**1. AS a Fed TOV Connection Volunteer, YOU HAVE THE RESPONSIBILITY TO:**

- Be punctual for your volunteer duty.
- Communicate any issues or concerns to the Fed TOV Connection co-facilitators or the Community Social Worker.
- Fulfill your duties as assigned and directed.
- Accept guidance from Fed TOV Connection co-facilitators or Community Social Worker
- Participate in a one-time Fed TOV Connection training session, or any others that will be required.
- Keep internal information confidential about the Jewish Federation of Howard County (JFHC) and the clients you serve.
- Complete a criminal background check at the beginning of service and every two years (conducted by PoeKnows, or any successor agency), an independent contractor, on behalf of the JFHC). (The cost of this background check will be paid by the Jewish Federation of Howard County.)
- For Fed TOV volunteers who plan to drive residents: Complete a Driving Record Background Check at the beginning of service and every year. (The cost of this background check will be paid by the Jewish Federation of Howard County.)
- Please note: Jewish Federation of Howard County JFHC will not substitute background or driving checks done through other volunteer organizations or employment.

**2. AS A Fed TOV Connection Volunteer, YOU HAVE THE FOLLOWING RIGHTS:**

- To be heard
- Receive guidance and direction from the Fed TOV Connection co-facilitators or the Community Social Worker
- Receive training for the position
- Learn about the Jewish Federation of Howard County (JFHC)
- Receive regular evaluations of your performance

**3. Tikkun Olam Volunteers LEGAL BOUNDARIES**

- A volunteer may not enter a resident's home without first undergoing Fed TOV Connection training and be formally accepted into the program.
- A volunteer may not handle or administer any client medications.
- A volunteer may not drive a resident, or put a resident in his/her care, without prior background checks and signed consent forms. (Such forms are available from the Community Social Worker.)



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## TOV: Tikkun Olam Volunteer Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Preferred Method of Communication:  Email  Text  Home Phone  Cell Phone

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

How did you hear about us?

Facebook  Website  Email  Friend  Other (please list)

Other Languages spoken:

Russian  Yiddish  Hebrew  Other: \_\_\_\_\_

Days/Times Available \_\_\_\_\_

Are there any restrictions or concerns that may impact your ability to volunteer? (ex. Lifting items) \_\_\_\_\_

Gender preference:  male  female  both

Motivation for volunteering:

Be part of a team  Help someone, give back  Keep Busy

Meet People  Other (please specify): \_\_\_\_\_

I am interested in the following volunteer activities:

- \_\_\_\_\_ Shopping for items for homebound residents (expenses will be reimbursed)
- \_\_\_\_\_ Delivering items to clients
- \_\_\_\_\_ Driving clients to appointments
- \_\_\_\_\_ Light Home Repairs
- \_\_\_\_\_ Help with household chores (laundry, etc.)
- \_\_\_\_\_ Socialization – visiting with homebound senior residents
- \_\_\_\_\_ Other: \_\_\_\_\_

**Please note – volunteers must be 21 years of age or older. A background check will be required for all volunteers. If you are interested in transporting clients, a driving check will also be required. Volunteers are required to pay for these checks (cost of approximately \$15 each).**

I agree to a Criminal Background Check (please initial) \_\_\_\_\_

I agree to a Driving Record Check (only if interested in driving) (please initial) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Please list a reference:

1. First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_

I understand that by submitting this application:

1. I am in no way obligated to perform any volunteer service and the Jewish Federation of Howard County is not obligated to accept me as a volunteer.
2. I may be asked to provide additional personal information prior to being offered any volunteer assignment.
3. If accepted as a volunteer, I will need to attend a mandatory training class and sign TOV forms prior to being offered any volunteer assignment.
4. I affirm that all information provided on this application is true and correct and I have not knowingly withheld any fact or circumstance that might affect my application unfavorably.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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OF HOWARD COUNTY

**FED TOV CONNECTION PROGRAM  
INDEMNIFICATION FORM  
(AS OF: JULY 1, 2020)**

**Please initial each section on the line following each section.**

- 1. Voluntary Participation:** I acknowledge that I am age 18 years of age or older and that I have voluntarily applied to assist and volunteer with the Jewish Federation of Howard County (JFHC) and its programs. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by JFHC, and that I will not be eligible for any Workers Compensation benefits. **Initials:** \_\_\_\_\_
  
- 2. Volunteer Release:** In consideration of the opportunity afforded me to volunteer, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against the Jewish Federation of Howard County, its affiliated organizations, officers, or directors collectively or individually, or the supplier of any materials or equipment that is used on behalf of JFHC, any volunteer, or any of JFHC's clients, for any physical or emotional injury or damage to my property, however caused, arising from my participation in the JFHC's programs. Without limiting the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from my physical or emotional injury, or damage to my property, sustained in connection with my participation. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages or other benefits for these voluntary services. I further consent to the unrestricted use by JFHC and/or person(s) authorized by JFHC of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me taken in conjunction with any services provided. Additionally, I acknowledge that I have received volunteer training and have been briefed on the policies and procedures included within and agree to abide by them. **Initials:** \_\_\_\_\_
  
- 3. Confidentiality Agreement:** I acknowledge that I understand that all data, knowledge, and information generated through, originating from, or having to do with volunteering is considered privileged and confidential and is not to be disclosed to any third party. I further understand that client information is not to be disclosed to any third party, under any circumstances, without the consent of the JFHC Community Social Worker or the JFHC Executive Director. Additionally, I understand that any disclosure, misuse, copy, or transmission of any material, data or information, related to the services, made with the prior consent of a JFHC staff member, whether intentional or unintentional, will subject myself to prosecution, according to the procedures set by JFHC and any applicable state and local laws. **Initials:** \_\_\_\_\_

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Name (Please Print)

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Signature

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Date



## Copyright & Photography Release

I, \_\_\_\_\_, hereby authorize The Jewish Federation of Howard County permission to use my likeness in photographs in any and all of their publications, including but not limited to all printed and digital publications. I understand and agree that any photographs using my likeness are property of The Jewish Federation of Howard County.

I authorize The Jewish Federation of Howard County to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing The Jewish Federation of Howard County's programs or for any other related lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy, wherein my likeness appears. The Jewish Federation of Howard County hereby grants permission to the model to make prints or enlargements of any photographs from the session for personal use.

I have read this release and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**May use my name in Marketing Materials:**    Yes    No



## Copyright & Photography Release

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I have read this release and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
**Print  
Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**May use my name in Marketing Materials:**    Yes    No



## FED TOV CONNECTIONS PROGRAM REIMBURSEMENT PROCEDURES (AS OF JULY 2020)

**Gift Cards Pick-Up & Delivery Procedures.** If you volunteer to pick up and deliver Gift Cards, please follow these procedures:

- You will be instructed to pick up Gift Cards, at a specified location, and then be asked to deliver them to the residents;
- Residents' names, phone numbers, and e-mail addresses will also be given to you at that time; and
- Contact residents directly and set up specific day, time, and place to deliver the Gift Cards.

**Friendly Reminder.** Please text, e-mail, or leave a message with one of the Fed TOV Connections co-facilitators to let them know which task(s) you completed and how much time it took to complete the task(s).

**Reimbursement Procedures.** If you purchase something on behalf of a resident(s) – including shopping for groceries, supplies, and other items – please follow these procedures:

**Important Note 1.** When you shop, **be certain to keep all your receipt(s)**; we are **not permitted** to reimburse volunteers without evidence of receipts.

**For Reimbursements by Direct Deposit into Your Bank Account (the preferred and most efficient method):**

**Important Note 2.** The Federation will need your bank's name, its ABA routing number, and your account number; visit this site to fill out the form **securely** here: <https://forms.associated.org/view.php?id=70053> **Once you have filled out this form, it's essential that you inform Jamie that you've completed the form!**

- Scan your receipt(s), attach the image(s) to an e-mail, and send to Jamie Nelson at the Federation, at [jnelson@jewishhowardcounty.org](mailto:jnelson@jewishhowardcounty.org)
- If you are unable to scan your receipts, please take a photo(s) of your receipts and send them to Jamie Nelson



- Use the following SUBJECT to alert Jamie: "Volunteer Reimbursement"
- You will be reimbursed through direct deposit from the Federation; this takes about 2 - 3 weeks once Jamie processes your reimbursement.

**For Reimbursements by Check Mailed to Your Home:**

- If you prefer a reimbursement check mailed to you, the Federation will arrange to send payment to your home address.
- Scan your receipt(s), attach the image(s) to an e-mail, and send to Jamie Nelson at the Federation, at [jnelson@jewishhowardcounty.org](mailto:jnelson@jewishhowardcounty.org)
- If you are unable to scan your receipts, please take a photo(s) of your receipts and send them to Jamie Nelson
- Use the following SUBJECT to alert Jamie: "Volunteer Reimbursement"

**If You Prefer to Donate the Cost of Your Purchase:**

- If you wish to use your own funds to purchase goods, groceries, and supplies, the Federation will be happy issue a tax letter if your total contributions equal amounts to \$250 or more in a calendar year. You will be required to keep track of your donations throughout the year and we will still require copies of your receipts for auditing purposes.

**Another Friendly Reminder.** Please text, e-mail, or leave a message with one of the Fed TOV Connections co-facilitators to let them know which task(s) you completed and how much time it took to complete the task(s).

**Thank you very much!**



Jewish Federation  
OF HOWARD COUNTY

**WAIVER OF LIABILITY FORM**  
**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO**  
**CORONAVIRUS/COVID-19**  
**(AS OF: JULY 14, 2020)**

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments, as well as federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Jewish Federation of Howard County ("JFHC") abides by all needed social distancing and other preventative measures to reduce the spread of COVID-19. However, the JFHC cannot guarantee that you will not become infected with COVID-19 by taking part in its projects, events, bereavement groups, pastoral meetings, volunteer activities, or any of its other undertakings during the current pandemic (collectively, "Events" or "Event").

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by, COVID-19 while attending JFHC Events, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to, or infected by, COVID-19 at JFHC Events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, JFHC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at JFHC Events ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the JFHC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the JFHC, its employees, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after attending any JFHC Event.

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Print Name

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Signature

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Date