



St. James Caring Center and Senior Center Volunteer Handbook



Mantra

Committed to Our Community & Our Seniors

Vision:

Our vision is to as be the leading resource for community betterment as well as help senior adults engage, enrich and empower their lives.

Mission:

To offer opportunities with a sense of understanding and compassion, and to inspire moments of optimism and happiness.

and

To provide services and programs for seniors of the St. James Community that promote well-being, support independence, and encourage their involvement in community life.

St. James Caring Center and Senior Center Board of Directors, Director, and Staff

Executive Director: Nancy Montgomery

Assistant Director: Marilyn Disser

Board Members: Verna Brand, Judy Cavender, Peter Freiberg,
Suzi Speas, Tracy Edwards, Jim Fleming, Paige Essinger, Jenna Davis,
Marsha Wayman

Caring Center and Senior Center Board of Director Meetings are held 4th Wednesday of every month at 8:00 am in the St. James Senior Center meeting room.

Volunteer/staff meetings are held semi-annually in the Senior Center Dining Hall.



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Benevolent Assistance Guidelines

The St. James Caring Center will implement the following guidelines with clients asking or receiving assistance of any kind. Assistance will be available to household living within the St. James School District. The Caring Center does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients. The Caring Center reserves the right to modify assistance requirements based upon individual circumstances and at the discretion of the Executive Director. The Caring Center reserves the right to refuse service.

Hours of Operation: Benevolent assistance and emergency food service hours are from 9:00 am to 12:00 pm Monday through Friday.

Emergency Food Pantry: Households may receive emergency food once every three months. Social Security Cards or I.D. must be provided for each member in the home, and a piece of mail no older than 30 days that validates candidate's residency.

Benevolent Assistance: Households may receive emergency assistance to include, but not limited to, rent, utilities, prescription (non-narcotic), and gas every six months up to \$150.00. This includes thrift store vouchers. Identification must be provided for each member in the home and a piece of mail no older than 30 days that validates candidate's residency. Households are required to complete the LIHEAP (winter energy assistance form) with MOCA before the Caring Center will assist with Fall/Winter energy bills

TEFAP Commodity Distribution Guidelines (The Emergency Food Assistance Program)

Distribution: TEFAP Commodities are distributed the third Thursday of each month from 7:30 am to 9:30 am. Homebound commodities are delivered to households the Tuesday before commodity distribution.

Income Guidelines: A household may meet TEFAP income-based standards in one of two ways.

1. Be a Public Assistance household due to the receipt of public assistance benefits as specified on form FD-15A(6-00)
2. If a household is not eligible as a Public Assistance recipient, then it must have a combined income which does not exceed the maximum income limit for the applicable household size as set forth in the Federal Poverty Guidelines.



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Volunteers

Volunteer opportunities are available in the following areas:

- Food Pantry
- Thrift Store
- Office
- Games & Activities
- Kitchen Assistant
- Commodity Day
- Donation Processing
- Cash Register with Director's Approval
- Front Desk

Confidentiality & Safety

Volunteers required to sign a Confidentiality Statement and Safety Statement.

Time Keeping

Donated time is tracked by using a time clock. Vouchers are issued as the beginning of each month for the previous month volunteer hours.

Cash Register

If you are working the register at the close of business, you are required to count the register with another volunteer or employee.

Volunteer Vouchers

To thank you for your service volunteers are given store vouchers. Volunteer hours are calculated at the end of each month and multiplied by \$2.00 per hour.

Attire

Volunteers should wear appropriate work attire. Shorts must be fingertip length. No alcohol or tobacco endorsements on clothing. Shoes are required.

Smoking

Smoking is not allowed inside any facility. There is a designated area for those who smoke.



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Pricing

See attached Thrift Store Purchase/Pricing Policy

Alcohol and Drugs

Alcohol or drug use will not be tolerated. Anyone exhibiting signs of alcohol or drug use will immediately leave the premises.

Community Service Workers

Community Service Workers are expected to follow the same expectations as volunteers. Will not receive thrift store shopping vouchers for time worked. Can be assigned anywhere to work except for the Thrift Store and office facilities.

Should you have questions, suggestions, or concerns, please convey that information to Administrative Assistants or the Director.

Phone numbers: Caring Center 573-265-2047
 Senior Center 573-265-7072

Email Addresses: nmonotgomery@sjcaringcenter.com Nancy Montgomery
 mdisser@sjcaringcenter.com Marilyn Disser



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Volunteer Information Form

Date: _____

Date of Birth: _____

Name: _____

Mailing Address: _____

Phone Number(s): _____
Home Cell Phone

Email Address: _____

Emergency Contacts:

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Position: _____

Signature: _____



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Date: _____

I agree to the following **Confidentiality Statement**:

I understand that I encounter confidential information during my employment with the St. James Caring Center. As part of the condition of my volunteering with the St. James Caring Center, I hereby undertake to keep in strict confidence any information regarding any client, employee or business of the St. James Caring Center or any other organization that comes to my attention while at the St. James Caring Center. I do this in accordance with all applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential material of any kind from the premises of the St. James Caring Center unless authorized as part of my duties, or with express written permission or direction to do so from Director or Board of Directors of the St. James Caring Center.

I acknowledge by signing this **Safety Statement**:

The St. James Caring Center will make all efforts to ensure my safety. By my signature below, I am releasing the St. James Caring Center of any responsibility for injuries I may sustain while acting as a volunteer.

Printed Name

Signature

Director or Administrative Assistant

Authorized Signature



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St. James Caring Center Thrift Store Purchase Policy

- Buy it the day you want it. Items will not be held.
- Purchases are to be made at the end of your volunteer/staff shift.
- Once an item(s) is purchased, we strongly suggest the item(s) is removed from the facility and placed in your vehicle. We are not responsible should an unattended purchased item(s) go missing.
- We accept cash, check, debit cards, credit cards and volunteer vouchers.
- Items will be placed in a box/bag. Register receipt or voucher receipt must be attached to the box/bag.
- If you leave without purchasing the items, those items will be returned to the sales floor.
- Do not remove items you wish to purchase from the facility without paying for them first, and having an associate verify your purchase.
- Do not pile up items you wish to purchase.
- Director is the designated person as final say on any questionable prices.
- If there is an item you want that is not yet priced, the store manager, assistant manager or director will price that item. If you choose not to purchase it once the price is determined, the item will be placed on the sales floor. There is no negotiating once the price has been determined.

Volunteer/Staff Printed Name

Volunteer/Staff Signature



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Release of Liability

I, _____
Print Name

Agree to in no way hold any person or business, director, or Board of Directors responsible for any accident, injury property damage or death occurring to me as the result of volunteering at the St. James Caring Center or St. James Senior Center.

I understand and agree that I am volunteering at my own risk. I understand and agree that I am entering these premises at my own risk. I agree to in no way hold any person or business, director, or Board member responsible for any accident, injury or death occurring because of occupying the premises located at 113 W. Eldon and 110 W. James Blvd in St. James, Missouri 6559

At all times, there must be 2 volunteers in the facility. Violation of this agreement will lead to volunteer's termination.

I have read, understand, and agree to the above.

Signature

Date