

# Horizons of Okaloosa County, Inc.

## Volunteer Position Description & Performance Evaluation

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**VOLUNTEER NAME:** \_\_\_\_\_  
**POSITION TITLE:** VOLUNTEER AIDE  
**DEPARTMENT:** \_\_\_\_\_  
**REPORTS TO:** \_\_\_\_\_  
**FLSA STATUS:** N/A

**DATE:** \_\_\_\_\_  
 **NEW VOLUNTEER\***  
 **90 DAY EVALUATION**  
 **EXIT EVALUATION**

\*Ensure Volunteer Packet is filled out in full, individual has the ability to meet work environment requirements, and obtain appropriate signatures.

Created 11/11/04

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*Horizons of Okaloosa County, Inc. believes that each volunteer makes a significant contribution to our client's successes. That contribution should not be limited by your volunteer assignment. Therefore, this volunteer description is designed to outline primary responsibilities, required qualifications, restrictions, and description of the environment in which you will work as a volunteer. Horizons has many volunteer opportunities in different areas of the company; this description is limited and cannot identify all possible scopes of volunteerism.*

### POSITION SUMMARY

\* The purpose of the Volunteer Aide is to assist Horizons' Staff in providing more personal interaction with our consumers.

### REPORTABILITY

\* The Volunteer Aide reports directly to the department supervisor or manager at the hour agreed upon.  Met  Not Met  N/A

\* The Volunteer Aide will call if he/she will not attend on agreed day and time or will be late.  Met  Not Met  N/A

### RESPONSIBILITIES

\* To provide a safe environment for the consumers and department emergency drills.  Met  Not Met  N/A

\* To assist in training consumers in daily living skills, inclusion activities, various programs outlined by department, and community activities.  Met  Not Met  N/A

\* To assist with recreational activities such as movies, dances, parties  Met  Not Met  N/A

\* To assist with minor maintenance repairs such as leaks or loose screws  Met  Not Met  N/A

\* To assist with clerical tasks if needed such as filing or shredding  Met  Not Met  N/A

\* To assist with janitorial tasks to keep department areas clean and neat.  Met  Not Met  N/A

\* To sign in and out daily on required time sheet or log.  Met  Not Met  N/A

\* Follow all department policies, procedures, and rules.  Met  Not Met  N/A

\* Conduct yourself in a professional manner  Met  Not Met  N/A

\* Abide by personal appearance policies and dress code.  Met  Not Met  N/A

\* Maintain confidentiality and follow HIPPA restrictions.  Met  Not Met  N/A

\* Respect and know client rights.  Met  Not Met  N/A

\* Know abuse definitions and how to report abuse.  Met  Not Met  N/A

\* Know the procedures for infections control.  Met  Not Met  N/A

**VOLUNTEER RESTRICTIONS**

\* Unless you have a background check and clearance through our personnel office or recent clearance from another entity, you will at no time be left alone with the consumers.  Met  Not Met  N/A

\* At all times you will be accompanied by Horizons staff when interacting or assisting with consumer activities.  Met  Not Met  N/A

\* You will not personally transport consumers at any time.  Met  Not Met  N/A

\* You will not drive Horizons vehicles at any time.  Met  Not Met  N/A

\* You may ride with staff and consumers if there is room and you are not taking a space that a consumer could fill.  Met  Not Met  N/A

\* If there is no room, you may take your personal vehicle to the community activity destination and meet with staff and consumers. Horizons will not reimburse mileage or cost of gas.  Met  Not Met  N/A

\* Never share food, drink, or medications with consumers.  Met  Not Met  N/A

\* Do not interfere with behavior modification techniques being conducted by a staff with a consumer, unless instructed by staff to assist.  Met  Not Met  N/A

**WORK ENVIRONMENT**

The physical demands described here are representative of those that may be present in any department of Horizons. Reasonable accommodations may be made to enable individuals with disabilities to perform their volunteer hours.

\* While performing tasks, the volunteer frequently may be required to sit, and reach with hands and arms.  Met  Not Met  N/A

\* The Volunteer is occasionally required to stand; walk; use hands to finger, handle, or feel; climb or balance; and stoop, kneel, crouch, or crawl.  Met  Not Met  N/A

\* The Volunteer may independently lift, push, pull, or move up to 50 pounds, and as part of a team, manipulate or restrain over 100 pounds.  Met  Not Met  N/A

\* Volunteers may occasionally be involved in a violent or aggressive situation.  Met  Not Met  N/A

Is volunteer taking any medication that may alter their ability to perform or fulfill any task requirement? If so, please explain:

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Does volunteer have any medical conditions that would preclude them from performing any task outlined by the department and on the foregoing position description? If so, please describe:

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**SUMMARY:**

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**VOLUNTEER COMMENTS:**

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**VOLUNTEER ACKNOWLEDGMENT:**

I have reviewed my position description with the department supervisor, acknowledge my understanding of the responsibilities and restrictions set forth therein, and assessed my volunteer performance. I understand that this position description is not a volunteer contract, but a tool used to describe the position and my performance. My signature indicates that I have been advised of my performance status, however, it does not necessarily imply I agree with the outcome of my evaluation. My signature also verifies I have received a copy of the position description and performance evaluation. I also understand that I may, on occasion, be assigned duties that are not listed on my position description and that tasks may vary.

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**VOLUNTEER SIGNATURE**

**DATE**

**REVIEWERS COMMENTS:**

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**REVIEWER'S SIGNATURE**

**DATE**