



Errand Volunteer Information

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Welcome Errand Volunteers !!!!



Agenda

Welcome

Celebration of Impact

Updates

Role Review: Errand Volunteer

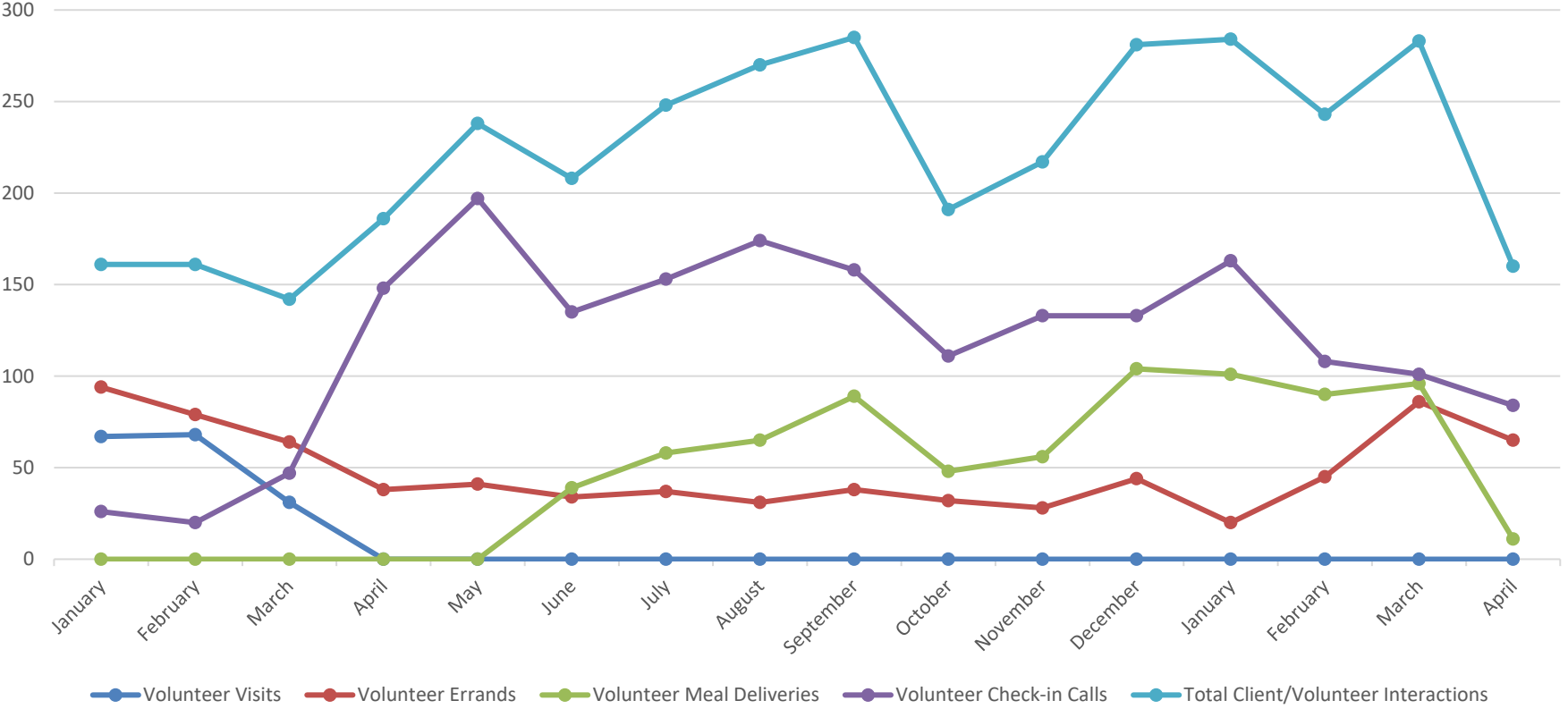
Covid-19 Safety Review

Errand Authorization

CalFresh/EBT

Q&A / Check In

Collective Impact: 2020-21 Volunteer Support for Older Adults and Other Vulnerable Beach Cities Residents



	2020												2021				20-21
Client/Volunteer Interactions	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	TOTAL
Volunteer Visits	67	68	31	0	0	0	0	0	0	0	0	0	0	0	0	0	166
Volunteer Errands	94	79	64	38	41	34	37	31	38	32	28	44	20	45	86	65	776
Volunteer Meal Deliveries	0	0	0	0	0	39	58	65	89	48	56	104	101	90	96	11	757
Volunteer Check-in Calls	26	20	47	148	197	135	153	174	158	111	0	133	163	108	101	84	1758
Total Client/Volunteer Interactions	161	161	142	186	238	208	248	270	285	191	84	281	284	243	283	160	3457

Role Review: Errand Volunteer

Errand Volunteers help the community by being matched with an older adult or adult with disabilities in the community. Volunteers shop and deliver items like groceries or prescriptions.

Commitment: Minimum 3 months weekly commitment (Ideally longer)

Shifts: 1-1.5 hours weekly maximum

Shift day/time arranged with match

Occasional weeks off are understandable

Support Contact: BCHD Client Care Manager

The client's Care Manager is your main contact who can help you navigate any issues with the client such as any concerns about the client or the client needing more support by asking the volunteer to do more or more often. You'll have their contact info as part of your assignment.

Connect with us for more information at volunteers@bchd.org

Role Review: Errand Volunteer

Duties:

You and the client arrange a mutually agreeable day & time to run errands

Communicate directly with the client around their needs for basic errands like groceries or prescriptions.

Client provides payment and/or reimbursement for purchases made that day

Take photos of all receipts, provide original to recipient and submit copies to BCHD as directed

Deliver items, following Covid-19 health and safety protocol (on following page and in agreement)

Submit monthly reports including Errand Authorization Form

Attend periodic support meetings

*For the volunteer, if paying out of pocket prior to reimbursement would provide a financial inconvenience to volunteers, please discuss with Volunteer Services so that arrangements can be made

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Errand Authorization



I, _____, authorize _____,

(Client's name)

(Volunteer's name)

to perform errands on my behalf. We exchanged the following information and items:

Date	Groceries	Prescriptions	Form of Payment	Amount of Payment Given to Volunteer	List Given to Volunteer	Amount of Cash Returned	Items Received	Receipts Received	Errand Completed (Initials)

By signing below, we agree with the information on this form and that these errands were completed as indicated.

Signed: N/A due to Covid

(Client's name)

_____, Date: _____

(Volunteer's name)

Volunteer: This form must be completed ~~XXXXXX~~ after each errand. Upon completion, give the

Example Form:

Errand Authorization



_____, has authorized _____, through the
(Client's name) (Volunteer's name)

Beach Cities Health District Errand Volunteer program to perform errands on their behalf. This is documenting the purchases and money exchanged.

Date	Groceries	Prescriptions	Purchase Total	Form of Payment	Amount of Payment Givento Volunteer	Amount of Cash Returned (If Applicable)	Items Given	Receipts Given
5/11/21	X		\$57.69	Cash	60.00	2.31	X	X
5/18/21	X		\$48.33	EBT & Check	19.81	N/A	X	X

By signing below, we agree with the information on this form and that these errands were completed as indicated.

Signed: N/A due to Covid _____ Date: _____
(Client's name) (Volunteer's name)

Covid-19 Safety Protocol

- Cancel your shift if you aren't feeling well or have been exposed to someone with Covid-19
- Wear cloth face coverings and maintain 6' distance when picking up, delivering items, and dropping payments
- **At no time should you enter the home to make a delivery**
- Be sure you are wearing the required safety equipment (face covering)
- Ring the doorbell or knock on the door
- Place items with receipt on the doorstep
- Take payment (as needed)
- Step 6 ft away from the door
- Wait for the neighbor to open the door
- Wave, say hello and ask them how they're doing!
- After you leave, wash your hands or use a hand sanitizer with at least 60% alcohol.



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Program Requirements:

Attributes:

- Reliable
- Safety conscious
- Good driver
- Able to maintain confidentiality
- Can hold program boundaries

Any items not already on file:

- Background Check
- Copy of Driver's License
- Copy of Insurance Summary
- DMV Authorization
- BCHD Driving Agreement Form

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NEXT STEPS:

- 1:1 Conversation
- Screening
- Forward for Matching

