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Project BRAVO
(Bronx AIDS Volunteer Organization):
An Inner City AIDS Volunteer Program

Bridget Lee Poust

PREFACE

Bronx AIDS Volunteer Organization (Project BRAVO) is a hospital-based program sponsored by the Bronx AIDS Care Partnership, the United Hospital Fund, and the New York City Department of Health's Division of AIDS Services. Over the past three years since its inception BRAVO has trained over 80 volunteers who have provided services both in the hospital and the community for over 1500 Persons With AIDS (PWAs).

INTRODUCTION

AIDS is the new name on a very long list of social ills in the Bronx. Homelessness, drug abuse, battered women, unemployment, and teen pregnancy impact daily on the lives of people living here. In 1986 the Bronx, with a population of 1.2 million, was feeling the effect of an AIDS epidemic which struck at a community already under siege. Montefiore Medical Center realized that it was not feasible to expect Gay Men's Health Crisis to provide services for a population not only vastly different from that which it was designed to serve but far away from its Manhattan base. A program which operated from the Bronx with people who knew the neighborhoods and the people who live in them was desperately needed; and so, in February 1986, Project BRAVO began. Initially, volunteers were clients from the Drug Abuse Treatment Program of Montefiore Medical Center who showed an interest in providing practical and emotional support to intravenous (IV) drug users with AIDS. These first volunteers felt that this group would be among the most isolated of Persons With AIDS because of the stigma attached to IV drug use. They had many fears about AIDS and a growing feeling of helplessness and loss of control in the face of this epidemic. They felt volunteering would help them address their concerns and help others at the same time. In September 1986, to keep pace with the increasing number of hospitalized patients, the program opened to anyone interested in volunteering and served all Persons With AIDS regardless of risk factor. What developed over the next three years was a cohesive group of volunteers coming from different walks of life who demonstrated a remarkable commitment to the work of the project.

RECRUITMENT

BRAVO volunteers are recruited through various channels. Some people who have lost friends or relatives to AIDS volunteer as a memorial to their loved ones. People who are HIV positive sometimes hope to share their optimistic outlook with others. Still others come through recruitment workshops.

BRAVO began AIDS education workshops in agencies where area residents have an established relationship, e.g., schools, community centers and churches. In addition to educating people about the medical facts of AIDS and routes of transmission, the workshops include a section on the epidemiology of AIDS in the community. The picture of AIDS in the Bronx differs somewhat from the national one and in some details even from that found in other parts of New York City. To enable recruitment of new volunteers, it was essential that people understood that in this borough AIDS is not someone else's problem. It will impact in some way on everyone living here.

The workshops feature active volunteers who discuss what they do and how

Bridget Lee Poust has volunteered with this project since 1986. As coordinator, she developed the program manual and established the mechanism for both the training of the volunteers and their support and supervision. In 1988 BRAVO expanded to three other hospitals.

they feel about their work with PWAs. Active volunteers are the best recruitment force the program can have. The audience identifies with the volunteers and responds to their experiences because they are community people like themselves. After a workshop, anyone interested in volunteering is given an appointment for an interview. Everyone is encouraged to think about joining, and the telephone number is distributed to all attendees.

In the Bronx, one of few intact organizations serving the community is the church. Many church leaders have enthusiastically received AIDS prevention and education workshops. The Reverend Nathaniel Tyler-Lloyd of Trinity Baptist Church in the northeast Bronx said: "You may think you were looking for us but we were really looking for you!" We have found several church leaders and elders who want to become more involved in serving People With AIDS but need someone to assist them in getting started. Trinity Church has not only supplied a good number of volunteers but has also started its own luncheon program for PWAs in conjunction with the Momentum Project of St. Peter's Church in Manhattan.

SCREENING AND TRAINING

After being screened for motivation and availability by the coordinator in conjunction with the Social Work Consultant, volunteer candidates receive an eight-hour orientation to AIDS (see Appendix). At this time, candidates are introduced to the medical facts of AIDS and its psychosocial aspects, as well as a workshop component on death and dying. Included in the training are experienced volunteers who speak about their work with PWAs and a Person With AIDS who shares his/her personal experiences with the volunteer candidates.

Many AIDS volunteer programs have needed to give an extensive orientation on the behavior patterns of substance abusers to equip their volunteers with the necessary savvy they will need to survive emotionally. This program's experiences in this area differ in some respects from other volunteer programs. The majority of the volunteers come from the same Bronx communities as our PWAs. They are mainly Black and Hispanic, working class or poor. Volunteers have an inherent knowledge of substance abuse—some are former abusers, others have had family members or neighbors whose lives have been devastated by the consequences of substance abuse. IV drug use in particular has shadowed them as it has most Bronx residents, affecting families as well as whole communities. BRAVO volunteers are themselves struggling to different extents with many of the same problems patients face: lack of stable housing, unemployment, inadequate child care services and a floundering educational system. While continuing to reach out to mainstream middle-class communities, BRAVO recognizes that the common ground which volunteers and PWAs share is what makes this program unique and effective.

SUPPORT AND SUPERVISION

Ongoing support and supervision of volunteers occurs at a twice-monthly meeting where volunteers, the Volunteer Coordinator, and the Social Work Consultant meet to discuss the work being done, plan new projects and work through the volunteers' feelings of loss and depression which may occur after the death of a patient. Volunteers are also updated on AIDS Center issues and have a standing invitation to the Medical Center's weekly AIDS team meetings. So that volunteers will stay, they must feel a part of this team, and staff members are encouraged to express their appreciation for the work of the BRAVO volunteers.

One of the areas in which the team has been very supportive is in the medical screening process. Many volunteers have no medical insurance (private or Medicaid) and the requirement for a physical, including a tuberculosis test, while quite logical is a stumbling block for many volunteer candidates. People struggling to keep a roof over their heads and bread in their mouths cannot be expected to pay for a medical screening. In several instances, Physicians' Assistants from the AIDS team have done the medical screening, thus enabling the involvement in BRAVO of people who otherwise would be lost to the program.

VOLUNTEER ACTIVITIES AND ROLES

BRAVO volunteers provide support to persons with AIDS in a variety of ways: friendly visiting, escorting, home visits, child care, and advocacy are just a few of the services which are provided. Home visits by a group of volunteers (two to three at a time) are made possible because of the volunteers' knowledge of the different neighborhoods and an innate sense of when it is safe to go and when it is not.

Over the past three years, volunteers have developed close relationships with many of the patients at Montefiore and North Central Bronx hospitals. The following story illustrates this point. One of our volunteers, Elaine (all names in these stories have been changed), received a phone call on a Sunday night from Kate, a PWA whom she had met and visited extensively when Kate was first admitted to Montefiore. Kate spoke with Elaine and told her she was feeling very sick but was afraid to go to the hospital alone and therefore would not call an ambulance. Responding above and beyond the call of duty, Elaine said, "I'll come right over and take you to the emergency room (E.R.)." When Elaine got there, Kate was being led out of the building by her mother. Elaine readily agreed to Kate's mother's request that Elaine accompany them to the hospital. When they reached the emergency room entrance, Elaine helped Kate out of the car assuming that Kate's mother would look for a parking space and join them later; however, Kate's mother then said, "Let me know what happens," and drove away. Elaine spent the next several hours holding Kate's hand in the E.R. while tests were made and the bed controller sought an empty bed for Kate. Kate made it very clear that she would not go into the hospital if she had to go in alone—luckily for Kate she was not alone.

After spending many hours on the telephone tracking down foundations which give to AIDS programs, another volunteer was able to elicit funds from Design Interiors and Furnishings Foundation for AIDS (DIFFA), which enabled one of our patients, Annie, to fly down to the Virgin Islands to visit her children who were staying with their grandmother. They had not seen their mother since she had come to New York for treatment eight months before, and Annie feared she would never see them again. The trip was a dream come true for her. She was fortunate to have found so strong an advocate as Maria, her volunteer.

One of the original volunteers from the Montefiore Methadone Maintenance Clinic has detoxed from methadone and is now drug free and has resumed her education. Caring for others empowered her to establish new goals which she has set about achieving for herself.

BRAVO volunteers have also begun an arts and crafts recreation group where in-patients come to paint, string beads, etc. As well as offering them some time out of their hospital rooms, the patients are provided with home-made food prepared and served by the volunteers as well as an opportunity to create something with their own hands that they can keep. It has been a wonderful experience for patients, many of whom never realized how much enjoyment painting or stringing beads for a necklace would bring them. The volunteer who runs this activities group is herself handicapped, having only one arm. Her commitment to this work is an inspiration to everyone.

Volunteers have hosted parties at Thanksgiving, Christmas and Easter as well as summer picnics where all the food was purchased, cooked and served by local church people who have become strong supporters of the program. Over 800 PWAs and their family members have participated in these festive occasions.

The Legacy Project is a new BRAVO undertaking. Volunteers will be trained to video-tape interviews with PWAs talking about their childhood memories, feelings regarding their diagnosis and their thoughts about treatment; the interviews will document messages for PWAs' children who may be too young at this time to comprehend their parents' condition. The program will record anything a patient may want to share and which he/she fears will otherwise be lost forever.

PROBLEMS

As with any new program, there have been problems. Until receiving funding, financial status was precarious and there

was no clear line of fiscal support or responsibility. Fundamental items such as reimbursement of a volunteer's carfare (a necessity for many of the group) or the purchase of a sandwich for a patient were always a struggle. BRAVO would have run aground many times were it not for the financial backing and support of the AIDS Center staff.

Another problem has been the medical screening process. New York State law requires that all hospital volunteers receive a physical. This is eminently practical but the bureaucracy of the system and its unwillingness to understand that there is presently an epidemic continues to be frustrating. Volunteer candidates differ greatly from the traditional hospital volunteer: they want to volunteer some of their time, but are often disheartened by the four- to six-week turnaround that a medical screening process takes. Many potential volunteers have been lost to community AIDS agencies which have no such requirement. It shouldn't be expected that people work their way through a sea of red tape as a test of motivation. Inner city AIDS volunteer programs must find ways to streamline the system while preserving the integrity of the program. Several volunteer programs at Montefiore are experiencing similar problems and the Director of Volunteer Services has helped expedite the work wherever possible.

Recruitment is always difficult. Several volunteer coordinators at hospital-based volunteer programs in Manhattan say they never have to recruit. We can't afford *not* to actively recruit. There is still a great fear of AIDS and a great denial of risk behavior and even when people are willing to volunteer, financial considerations often make volunteering difficult to impossible; many people simply cannot afford to give away spare time.

EXPANSION AND DEVELOPMENT

The work of Project BRAVO has not gone unrecognized. A paper on BRAVO was presented at the Third International Conference on AIDS in Washington, DC, in June of 1987. Early in 1989 BRAVO received a grant from the United Hospital Fund to expand the program to three other Bronx hospitals: Bronx Lebanon, St. Barnabas and Bronx Municipal Hospital Centers. BRAVO has also received a two-year grant from the Department of Health to continue our AIDS education efforts.

Last spring, working in tandem with Bronx Community College, an inner city school (part of the City University of New York) whose student body is predominantly women of color, a course was initiated in the Human Services Curriculum dealing specifically with the psycho-social implications of AIDS. The students did 12 hours of field work as volunteers at one of the BRAVO hospitals and attended class one day a week for instruction and supervision. By May of 1989, nine students had volunteered a total 1,404 hours. Especially gratifying is the fact that many of the students have continued their volunteer work after meeting their field work requirements.

CONCLUSION

With the ever-growing AIDS caseload in the Bronx, the need for volunteers who can provide ancillary support services for Bronx PWAs will greatly increase. If AIDS volunteer programs expect to remain viable in an economically depressed area, program staff must be resource guides, helping in the preparation of resumes, writing letters of reference and counselling volunteers on educational choices and job opportunities.

The volunteers of Project BRAVO have made a firm commitment to volunteer work with PWAs and participate for personal reasons of one nature or another. They do not do this work for money or for fame. They do not reap any of the rewards our society associates with valuable work or a job well done. Still they continue on with a smile, a hug and an ear that's ready to listen. It is a privilege to be associated with such an outstanding group of people.

APPENDIX

BRAVO TRAINING & ORIENTATION AGENDA

DAY 1

Infection Control Issues
Epidemiology of AIDS in our Community
Experienced Volunteers Share Their Experiences

Day 2

Death and Dying
Medical Facts about AIDS
Psycho-Social Implications of AIDS
Living With AIDS: The PWA Experience

Educating the Volunteer:
Issues in Long-Term Care Facilities

Karen A. Conner, Ph.D., and Judy Winkelpleck, Ph.D.

Community volunteers provide many important services to residents of our nation's long-term care facilities. Among other things, volunteers assist with social activities for residents, raise money for the facility with craft and bake sales, and act as "friendly visitors" for residents who have no regular visitors. Indeed, many facility administrators rely on volunteers for providing the "extras" that make life in a long-term care facility more comfortable and pleasant.

Volunteer advocacy is a relatively new role for volunteers in long-term care facilities. Amendments to the Older Americans Act in 1978 required that each state develop an ombudsman program to protect the rights of the institutionalized by opening and maintaining lines of communication between residents, facility administrators, and member of the local community. The model for advocacy programming is a citizen participation model staffed by volunteers.

ADVOCATES ARE UNIQUE VOLUNTEERS

Volunteer advocacy programs are among the principle mechanisms used by state governments to substantiate complaints and resolve conflicts in long-term care facilities. The state of Iowa's Care Review Committee program is an example of a volunteer advocacy program. Iowa's Care Review Committee volunteers are appointed by the state ombudsman. They advocate for long-term care facility residents by regularly meeting with residents and inquiring about their care. When complaints arise, the volunteers work with the facility administrators to seek satisfactory resolutions. Iowa's program is one of the nation's largest volunteer advocacy programs, placing over 2700 volunteers in the state's long-term care facilities. Iowa's CRC program, established in 1971, is also one of the nation's oldest volunteer advocacy programs.

Volunteer advocates, such as those involved in Iowa's Care Review Committee program, hold a unique position among the volunteer team in long-term care facilities. Usually facility administrators are not involved in the recruitment of these volunteers, nor do they establish job descriptions or performance guidelines. In addition, the administrator has very limited sanctioning power over the volunteer since his or her presence in the facility is mandated by an external authority and state agency. In this situation, the nature of the volunteer's externally assigned role places him or her in a potentially adversarial relationship with the facility administrator.

TRAINING THE CITIZEN VOLUNTEER

In light of the important and complex role played by the volunteers and the potential for confusion and conflict between volunteers and the administrators of the facilities they serve, it seems clear that training the volunteers should be a vital part of any volunteer program. Using data from Iowa, the authors explored the attitudes of long-term care

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facility volunteers and administrators toward training volunteers. Specifically, the authors were interested in their attitudes and opinions on three issues: (1) the importance of training for volunteers; (2) the identification of priority training areas for volunteers; and (3) the volunteers' level of commitment to a training program if one were available.

SAMPLE AND DATA GATHERING TECHNIQUES

Iowa's Care Review Committee program places over 2700 volunteer advocates in the state's 681 long-term care facilities. It is similar to volunteer advocacy programs in other states and has the added advantage of a long and successful track record.

A state-wide sample of 235 long-term care facilities was selected for this study. This sample generated two groups of respondents: (1) 979 volunteer advocates and (2) the 235 administrators of the facilities where the volunteers serve. Comparable questionnaires were mailed to volunteers and administrators. At the conclusion of the data gathering period, 83 percent of the volunteers and 69 percent of the administrators had returned questionnaires.

WHO IS THE VOLUNTEER ADVOCATE?

Before developing a training program or training materials, it is essential that the trainer have answers to two important questions: "Who are the volunteers?" and "What do they know about the facility residents?"

Study results showed that the characteristics of volunteer advocates are similar to those of other volunteers serving in long-term care facilities. The typical volunteer advocate is a female (73 percent) and she is married (74 percent). While our volunteers are drawn from all age groups (the youngest being 21 and the oldest 88), the average age for volunteer advocates is 60. In addition, volunteer advocates are well-educated. Ninety-three percent have graduated from high school and almost one-third (29 percent) have graduated from a four-year college or university.

The volunteers included in the study appear willing and able to make a substantial commitment of time and energy to the advocacy program. Volunteers were questioned about how long they had served, how often their committees met, and how much time they devoted to this volunteer activity. The typical volunteer had served five consecutive years as an advocate, with the service of some individuals dating back to 1971, the year the program was implemented. Annually, the typical Care Review Committee met as a group on five different occasions and the average volunteer spent 28 hours in service to his or her facility. As a whole, volunteer advocates are clearly a committed group and a valuable resource for the long-term care facility, its residents, and the community.

Not only are volunteers serving in advocacy programs committed, but they also appear to be knowledgeable about the clients they serve. To assess the accuracy of their knowledge about the elderly and the aging process, the authors used Palmore's Facts on Aging Quiz (Palmore, 1977). This quiz contains 25 questions about aging that have documented responses as "True" or "False." The typical volunteer included in our study responded correctly to 16 items, producing an average quiz score of 64 percent. This average score compares favorably with findings from studies of other volunteer and professional groups. For example, in a study of volunteers working in a respite care program, Netting and Ludell (1985) found an average FAQ score of 64 percent. A study of staff members at a long-term care facility documented an average quiz score of 69 percent (Palmore, 1980) and a study of social workers (Brubaker and Barresi, 1979) produced an average quiz score of 64 percent.

THE NEED FOR TRAINING VOLUNTEERS

The research explored the opinions of volunteers and administrators regarding the need for providing training to volunteer advocates. Volunteers were asked if they had previously "attended special training sessions for Care Review Committee members." While a significant proportion (58 percent) of the volunteers had

received some training, almost half (42 percent) remained unexposed to formal training programs and materials. Volunteers were also asked whether or not they wished "to receive training for their role" and sixty percent responded affirmatively.

While a majority of volunteers request training for their role, the perceived need for training is even greater from the point of view of the long-term care facility administrator. Administrators were asked, "Do you feel it would be helpful for persons serving as members of Care Review Committees to attend periodic training sessions?" Eighty-one percent of the administrators felt such training would be "helpful" or "very helpful." Administrators were also asked whether "attending training sessions should be required for Care Review Committee membership." Forty-two percent of the administrators felt training should be "required" and an additional fifty percent felt it should be "recommended." Only eight percent indicated it should be neither required nor recommended.

PRIORITY TRAINING AREAS

The authors were also interested in determining the training priorities and preferences of the volunteers and administrators. Respondents were presented with a list of nineteen training areas and asked to score each area on a scale of one to five, with one being "least important" and five being "most important." Based on the mean priority scores, a rank-order was determined for each training area. When the top ten ranked training priorities for both administrators and volunteers are compared, agreement emerges on eight training topics. These topics are:

1. Responsibilities of volunteer advocates
2. Responsibilities of the care facility
3. Contents of Residents' Bill of Rights
4. Procedures in the complaint investigation and resolution process
5. Characteristics of elderly care facility residents
6. Characteristics of mentally retarded or impaired residents
7. Elder abuse

8. Content of Federal and State regulations regarding care facilities

COMMITMENT TO TRAINING

We were also interested in what kind of commitment volunteers were willing to make to the training experience and in identifying features that would make training more attractive. Volunteers were asked "How much time would you be willing to commit to training sessions?" While the majority of volunteers stated that they preferred training sessions to last only a few hours (56 percent of the respondents), a significant proportion would be willing to devote a day or more to training (44 percent of the respondents). Offering some form of "credit" (such as a certificate of attendance or Continuing Education Units—CEUs) did not seem to be an important consideration for the majority of volunteers. When asked "Would you be more likely to attend training if you received some form of credit for attending?" only 30 percent responded affirmatively.

DISCUSSION AND RECOMMENDATIONS

The volunteer advocates included in the study are knowledgeable, informed and committed to their volunteer assignments. While many of them have received some training for their volunteer position, a significant proportion of them insist that they would welcome additional training. Administrators of facilities where the volunteers serve are in agreement that additional training would be advisable.

Training Content

The development of a training program for care facility volunteers must focus on both content and process. With regard to training content, our data suggest three training modules that could form the basic curriculum for a volunteer training program. The modules and their associated training content areas are:

Role Definition Module

1. Responsibility of volunteers
2. Responsibility of facility
3. Residents' Bill of Rights

Process Module	4. Complaint investigation and resolution process
	5. Federal and State regulations
Resident Characteristics Module	6. Characteristics of the elderly
	7. Characteristics of the mentally retarded or impaired
	8. Elder abuse

While the data gathered for this study are drawn from participants in a volunteer advocacy program, the suggested curricular content of the three training modules can easily be modified to reflect the needs of other volunteer efforts. When used for more general training purposes, training in the "Role Definition Module" should be designed to clarify the rights and responsibilities of the volunteer, residents and their families, administrators, and care facility staff. The result of training in this area should be to enhance the role performance of volunteers by clarifying the role expectations associated with the various positions in a long-term care facility. It is essential that volunteers and administrators have a shared understanding of the role of the volunteer. This information should also be communicated to residents and their families as well as other facility staff members.

The "Process Module" should provide training in procedures volunteers are expected to follow in carrying out and implementing their assigned responsibilities. All volunteers working in a long-term care setting should be expected to follow at least a minimal set of procedural guidelines. Volunteer advocacy programs, however, will probably have guidelines that are specific and complex. Mutual understanding and agreement on procedural guidelines between the volunteer and facility administrator are particularly important.

The "Resident Characteristics Module" should inform the volunteers about the characteristics of the resident groups they serve. This module may be tailored to meet the particular needs of a program or a facility. It may be useful to develop sev-

eral methods for conveying information about the characteristics of facility residents. For example, periodic inclusion of such information in the form of short articles appearing in the facility newsletter would be helpful. A list of suggested reading could be compiled from books available in the local public or university library and given to volunteers. Also, experts drawn from the local community could be asked to give periodic lectures that could be videotaped for use by volunteers, administrators, staff and residents. Materials developed for this training module would assist the volunteer and other members of the long-term care team in accessing currently available information that will inform them about the resident they serve.

Training Process
The process used for training care facility volunteers must be flexible enough to accommodate training for a complex role filled by persons drawn from a variety of different backgrounds. In addition, the process must allow for both orientation training (to accommodate the needs of new volunteers) and in-service training for volunteers who continue in the program. A procedure should be established that also informs other members of the long-term care team (such as social workers, activity directors, nurses and aides), residents, and residents' families about the intent and purpose of volunteer programs such as the advocacy program. It is also recognized that in most cases training objectives will need to be accomplished without significant financial input from the facility. With this in mind, several recommendations are made regarding the training process.

First, it should be noted that the content areas for our training modules are listed in order of their mean priority rankings. That is, the Role Definition Module content areas were generally ranked highest, the Process Module content areas were ranked second highest, and the Resident Characteristics Module content areas were ranked third in priority when rated by volunteers and administrators. These rankings suggest a training schedule or

calendar. During "Year One," content for the Role Definition Module should be developed and emphasized. In "Year Two," content for the Process Module should receive major emphasis while training would continue to be provided to newcomers in the Role Definition Module. In "Year Three," the content for the Resident Characteristics Module should be developed and emphasized while training continues using the other two modules. Over a three-year period, a comprehensive set of training materials would have been developed that could be used on a continuing basis for the orientation and in-service training of volunteers.

A second recommendation is that training materials and procedures should be designed in such a way that they can be effectively used by individuals or groups independently (without a leader). Videotapes accompanied by a workbook would be an excellent choice. These materials could be checked out from a central source and used at the volunteer's leisure. Other interested groups could also make use of the training materials.

Third, in order to enhance the mutual understanding of the role responsibilities and obligations of the various constituencies in the long-term care setting, we recommend that training materials or sessions be shared or periodically attended by administrators and staff members. This would serve the dual purpose of informing staff about the important role played by volunteers and also communicate to the volunteer that he or she is a valued member of the long-term care team.

Finally, in order to best utilize the services of a dedicated volunteer we recommend that all new residents and some employees be visited by a representative of the volunteer program within the first month or so of their residence or employment. This will allow the volunteer to explain to the newcomer what the volunteer program is designed to do and how it may be helpful to them.

The volunteer represents a valuable resource for the administrator of a long-term care facility seeking cost-effective ways to improve and enhance the quality of life in his or her facility. The volunteers included in our study, representing a very small proportion of all the volunteers in Iowa's long-term care facilities, devoted 75,600 hours to their volunteer work during the calendar year in which they were studied. Administrators need to be alert to identifying ways to improve the utilization of the dedicated volunteer. Providing training to the volunteer sends the clear message that the facility values the volunteers and expects a high standard of volunteer task performance.

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Tomorrow's Stars Shine Today: Staging a Health Care Conference for Student Volunteers

Marilyn Meyerson Bachofner and Amy Bachofner

"Let's call it a *conference* and then the volunteers can be *delegates*," said one of the high school students planning the first statewide celebration for young health care volunteers. The students were working with staff from six hospitals and a nursing home. Together they made hundreds of decisions crucial to staging a successful event—one which had a lasting impact on volunteers and staff.

On Wednesday, August 16, 1989, the Connecticut Association of Directors of Volunteer Services in Health Care (CADVSH) sponsored the first statewide Health Care Conference for Student Volunteers. Middlesex Community College co-sponsored the event which was held at the college's Middletown campus. With the theme "Tomorrow's Stars Shine Today," 73 high school students spent a busy day which included get-acquainted activities, visualization of future goals, exploration of "caring careers" in health care, positive thinking techniques, a workshop on "body language," and discussion of the role of student volunteers. Staff from 20 hospitals, a nursing home, and three colleges attended.

BACKGROUND

Throughout the country, hundreds of thousands of teenagers work as volunteers to bring an extra measure of care to patients and visitors in hospitals and nursing homes. Known in the past as *Candystripers*, they are now called by more inclusive names (teenage volunteers, junior volunteers, and student volunteers) which refer to both girls and boys.

These young volunteers escort patients to various departments, direct visitors, deliver flowers, assist staff with clerical duties, and help set up equipment for special procedures. In the hospital, a junior volunteer might amuse a six-year-old boy in the pediatric unit, serve juice to a new mother on the maternity floor, or deliver mail to a great-grandfather in the stroke rehabilitation program. In the nursing home, a student volunteer might call numbers for the weekly bingo game, guide an older adult in a wheelchair to the dining room, or serve cake to the guest of honor at a 90th birthday party.

To encourage students to volunteer, CADVSH established a Youth Participation Task Force to plan a recognition event for teenagers volunteering in hospitals and nursing homes across Connecticut. An important benefit of volunteering is the opportunity it presents to explore careers. Therefore, an emphasis was placed on exploring health-related occupations at the recognition event.

The Director of Volunteer Services (DVS) at Johnson Memorial Hospital encourages teenage volunteers to create challenging new roles such as designing their own Teenage Volunteer Action Council (TVAC). The goals of TVAC are: (1) promote a good relationship with hospital staff and adult volunteers; and (2) raise funds for equipment and scholarships. In four years, TVAC has raised over $3,000 toward a $5,000 pledge to the hospital's 75th Anniversary Capital Campaign and awarded scholarships of $100 and $300 to active volunteers who were

Marilyn Meyerson Bachofner is Director of Volunteer Services at Johnson Memorial Hospital. She served as the chairperson of the CADVSH Youth Participation Task Force which staged the conference about which this article is written. Prior to moving to Connecticut, Marilyn served as the first Executive Director of the Criminal Justice Ministry of Arkansas and President of the Arkansas Volunteer Coordinators Association (AVCA). She holds an M.A. in Adult and Human Resources Education and plans to pursue a doctorate with an emphasis in training volunteers. *Amy Bachofner*, a college freshman, has donated 1,500 hours as a teenage volunteer at Johnson Memorial Hospital in Stafford Springs, CT. In five years, she has served in many capacities including Teen Planner on the Connecticut Association of Directors of Volunteer Services in Health Care (CADVSH) Youth Participation Task Force and Vice President and Treasurer of the hospital's Teenage Volunteer Action Council.

high school seniors. Shortly after presenting this innovative teen volunteer organization at a CADVSH meeting, the Director of Volunteer Services was asked to head the Youth Participation Task Force.

TASK FORCE

From the beginning, a commitment was made to involve junior volunteers, who accompanied staff from their respective health care facilities to task force meetings held at Middlesex Memorial Hospital. In the twelve months prior to the conference, ten teenage volunteers provided input. Five DVSs, five Assistant DVSs, and two Assistants to the DVS offered support at various points in the planning process. At least three volunteers and four staff were available for most meetings.

Meetings were planned according to the students' schedules and held about every six weeks. During the school year, meetings were held from 3:00 p.m. to 6:00 p.m. on a weekday, with CADVSH picking up the check for dinner at the hospital's cafeteria. The best agenda was a short update followed by having the teens work on one area of the celebration while staff tackled a different topic at the other end of a long table.

The staff were often surprised by the creativity of the volunteers, who provided detailed solutions to issues they were asked to resolve. For example, the volunteers brainstormed on possible activities at the conference and provided a detailed agenda complete with timeframes. At another meeting, the teens outlined a lunch menu complete with all ingredients for "grinders," as well as necessary condiments, desserts, paper products, and utensils.

When staff questioned some of the choices, staff found that the students knew what they wanted and why they wanted it! When the junior volunteers discussed a $5.00 registration fee, the staff reminded them that CADVSH was paying for the event. The volunteers said they wanted the fee for two reasons: (1) delegates would value the conference more if someone had paid for them to attend and (2) the money raised could be used for a memento, such as an imprinted pen or tote bag.

BUILDING ENTHUSIASM

In addition to involving students in the year-long planning process, the task force made a commitment to keep CADVSH members informed of the progress. Seven months prior to the August conference, a two-hour workshop was presented at a CADVSH general meeting to generate enthusiasm for the event. "Visualize yourself as a teenager," a task force member instructed softly, "and try to remember how self-conscious you were about how you looked and what you wore." She continued in a gently encouraging whisper, "As a teenager, recall something you were proud of."

This exercise resulted in animated conversation. Building on the enthusiasm, members were asked to identify staff and/or volunteers who might assist with publicity, registration, career exploration, workshops, food, entertainment, decorations, or the budget process. The last item on the workshop agenda asked members to discuss possible selection criteria for allocating 150 student slots among CADVSH members' facilities.

Three months prior to the conference, an overview was presented at the May meeting of CADVSH. To build interest, the task force shared a list of 80 health care occupations compiled by the Connecticut Hospital Association (CHA) in response to a shortage of trained staff in areas such as nursing, medical technology, radiology, medical records, and pharmacy.

Members were divided into three groups and asked to make a recommendation on each occupation: "+" for a position that would be of interest to the teens, "–" for a position that didn't seem relevant for the conference, and "0" for an occupation about which there were no strong feelings. As a result of this exercise, the list was condensed into more manageable categories, such as dietary services, which included all related occupations. From this new list, careers were identified which might appeal most to the delegates.

SCHEDULING CONSIDERATIONS

Since training beyond high school is required for many health care careers, colleges and universities that could serve as possible sites for the conference were

identified. Middlesex Community College was chosen for several reasons: (1) central location, (2) community college which offered health-related career training, and (3) space for all conference activities.

The task force recommended holding the conference in August to include teenagers who could volunteer only during the summer months. Since some families plan long weekends for summer activities, the decision was made to hold the conference in mid-week. When the conference was held on Wednesday, August 16, 1989, the college had just ended its summer session and the fall semester had not yet started.

Since the college co-sponsored the event, CADVSH did not have to secure a one-day *certificate of insurance* for public liability and property damage. One insurance agent estimated such a certificate might cost $500 for the one-day conference. Another benefit of co-sponsorship was having the college waive all fees related to use of the facilities.

The task force members calculated the college could comfortably accommodate 200 participants: 150 students, 30 staff, and 20 career representatives/workshop presenters. Since it was estimated 50 CADVSH members' facilities had junior volunteer programs, each hospital and nursing home was permitted to pre-register up to three delegates and one staff member. Those health care facilities pre-registering at least three delegates were offered any unused slots.

The following criteria for selecting student delegates were recommended to CADVSH members: (1) will be in high school in September, (2) have donated 50 hours by the day of the conference, and (3) have a demonstrated commitment to the teen volunteer program at a hospital or nursing home.

At the conference, seven hospitals and three colleges provided staff who served as representatives for careers such as pharmacist, physician assistant, registered nurse, licensed practical nurse, administrator, social worker, registered dietician, respiratory therapist, and child life educator.

COST TO CADVSH

CADVSH had budgeted $500 for the event. The $5 registration fee charged for

each student delegate was paid by the health care facility, the Auxiliary, or a fundraising effort conducted by the facility's junior volunteers. Expenses of $1,053 were reduced by $370 in registration fees. Expenses included food (snack at registration, buffet lunch, and desserts at party), handbooks on "Who's Who in Hospitals" (A Channing Bete publication), imprinted mechanical pencils, folders, certificates, decorations, and meals for staff and volunteers who planned the event. Recognizing that task force members' hospitals covered most of the postage and printing costs, the actual cost to CADVSH was $683.

STUDENT DELEGATES

A total of 73 student delegates actually attended. About 15 percent of the students were boys. The number of delegates registered by a health care facility ranged from one to eight, with larger institutions sending more students. At registration, students were assigned to one of two groups. (Four groups would have been used if 150 students had attended.) Each group experienced the same activities in a different sequence. For example, when group 1 was eating, group 2 was visiting "caring careers" and talking with career representatives.

PARTICIPANTS' RECOMMENDATIONS

Conference evaluation forms were identical for staff and volunteers, but a different color was used in order to distinguish between the reactions of staff and volunteers. The evaluations confirmed task force members' observations: everyone had a good time and the conference should be staged again. Recommendations included having more career representatives, offering workshops with an emphasis on careers, changing the selection criteria so seventh and eight graders could attend, and scheduling only 30 minutes for lunch.

SPECIAL CONSIDERATIONS

Busy schedules and staff turnover provided a challenge. Among the original seven staff, two DVSs had to limit attendance at meetings due to increased responsibilities at work. Three of the five remaining staff were Assistant Directors or Assistants to the Director who were main-

ly in charge of junior volunteer programs. Within the year prior to the conference, all three Assistants changed jobs.

One of the most important learning experiences in staging this conference came as a direct result of involving Assistant Directors and Assistants to the Director in the planning process. CADVSH bylaws required task force members to be CADVSH members. There was only one Assistant Director who qualified. Therefore, staff who were not CADVSH members, as well as the student volunteers, were called "planners."

During the planning process, it became readily apparent that the staff who were primarily responsible for student volunteers did not know their colleagues at other health care facilities. At the conference, time was set aside for these individuals to address common issues and network.

CADVSH COMMITMENT

CADVSH has made a commitment to reach out to staff responsible for student volunteers by (1) scheduling a separate conference for these staff prior to future student conferences, and (2) encouraging these staff members to join the state association and/or attend its workshops.

TASK FORCE RECOMMENDATIONS

The following recommendations are offered for staging a statewide conference for student volunteers:

- Establish goals related to the conference.
- Identify staff responsible for student volunteers.
- Invite those staff to a brainstorming session.
- Form a Planning Committee.
- Designate student volunteers for the committee.
- Provide leadership roles for students on the committee.
- Stimulate enthusiasm for the event.
- Thoroughly plan each activity.
- Publicize the success of the conference.

Sponsoring a statewide Health Care Conference for Student Volunteers offers a special way to recognize youth participation in hospitals and nursing homes. It's also a treat for staff. "What a wonderful way to spend a day," exclaimed one participant, "watching *tomorrow's stars shine today!*"

APPENDIX

A Volunteer's Viewpoint

The first thing incoming volunteers and staff encountered at 9:30 a.m. was a whirlwind of activity. After the volunteers and staff registered, they were given folders which denoted their group (blue for group 1, white for group 2, and off-white for staff). Delegates were given white nametags decorated with gold stars and blue and gold mylar ribbons.

Once registered, they were whisked outside for a group photo. The film was taken to a one-hour photo developer so everyone could enjoy the pictures during the party at the end of the conference.

At 10:10 a.m. Michele Fleury, a junior volunteer at Manchester Memorial Hospital, led volunteers and staff in an icebreaker activity entitled *Find Someone* which posed 25 questions such as:

Who knows another language?

Who doesn't like chocolate?

Who has met or is related to someone famous?

Who wears the same shoe size as you do?

Since each name was to be used only once during the 20 minute exercise, everyone had a chance to meet a variety of people and find out interesting answers in a non-threatening setting. The person who acquired the most names received a walking balloon. (There was a tie between an adult and student so both received a balloon.) There were many outbursts of laughter. Everyone said it was a great get-acquainted exercise.

At about 10:40 a.m. there were discus-

sions, one for staff and another for the volunteers. The volunteer discussion was run by other teens in the hopes of getting more honest responses. Rolls of toilet paper, in gold and blue to match the color scheme of the day, were passed out among the volunteers at the beginning of the workshop. The instructions were simple enough: "Take as many sheets as you want." After this was completed, the secret was revealed: "For every sheet you took, you are to tell something about yourself." Those who took a lot were desperate for ideas, so everyone helped them out.

After the toilet paper game, questions were asked of volunteers relating to their volunteer roles to stimulate discussion:

> What accomplishment are you proud of?
>
> What is your favorite memory?

There was also discussion about (1) changes they would like to see (*e.g.*, blue tunics were preferred as uniforms by most volunteers); (2) helpful programs that might be offered (*i.e.*, sessions for teens about drugs, peer pressure, diseases, communication, and guest speakers on similar topics); (3) the advantages and disadvantages of working in various departments (many volunteers enjoyed pediatrics); (4) staff relations; (5) activities and fundraisers (car washes, cake raffles, bingo, picnics, parties); and (6) having an annual *conference!*

Volunteers attending the conference expressed many concerns and ideas: (1) dealing with staff and adult volunteers when you feel unequal in status; (2) turnover (many volunteers didn't have a chance to get to know their peers within the hospital); and (3) not having enough chances to branch out, use their special abilities, or interact with patients.

The volunteers had suggestions on how to improve the volunteer's role: (1) taking on more responsibility; (2) visiting other health care facilities (such as a children's hospital); and (3) trying different departments (*e.g.*, Emergency Room, X-ray). Many wanted to feel important through more elaborate recognitions, special events (parties or get-togethers), and greater contact with the Volunteer Services' staff.

The enthusiasm of the volunteers generated animated conversations. This activity left the volunteers with new concepts and the knowledge that they were not alone, thus giving support to their concerns and ideas. The group was really lively once they got going and many were sorry to see the workshop end. The discussion provided everyone with something new to bring back to their facilities.

At 11:45 a.m., delegates went to a visual imagery session where they thought about their future goals during a relaxation exercise. This was followed by a presentation on positive thinking during which the students received handouts and learned new coping techniques.

The delegates returned to the cafeteria at 12:30 p.m. and enjoyed a buffet lunch (grinders, salads, and desserts).

After lunch, the students talked to career representatives of such occupations as physician assistant, pharmacist, nurse, and administrator. In addition to asking questions and picking up literature, the volunteers were told that the staff had books which showed how many years of training were required for a job and which schools offered the training.

Before going to the next workshop, the delegates, staff, and career representatives received certificates of attendance. The certificates were printed in blue and were suitable for framing.

At 2:15 p.m. the delegates and some of the staff gathered for a workshop on communication which centered on their use of body language. A quiz, handouts, and information on other cultures made it a fun workshop. The participants were eager to try the new techniques.

To finish off this extravaganza, a party was held in the cafeteria. Everyone admired the pictures, with the sounds of music and laughter in the background. There were delicious desserts made by several of the hospitals. The volunteers, happy that the decorations and preparations had been done by the adults, indulged themselves! The decorations were yellow, blue, and white streamers, balloons and glittery stars complementing the theme, "Tomorrow's Stars Shine Today."

A Sampling from the
1989 International Conference
On Volunteer Administration

Washington, D.C.

Each year, THE JOURNAL OF VOLUNTEER ADMINISTRATION devotes its Spring issue to a report on the previous October's International Conference on Volunteer Administration, sponsored by the Association for Volunteer Administration. This is not intended to be a "proceedings" in the usual sense, but rather is a "sampling" of the diversity of presentations made by those on the cutting edge of volunteerism.

In the following pages you will find five articles and one speech that offer practical management suggestions, interesting new approaches to volunteer utilization, and thoughtful comments to widen your horizons.

You might wish to contact the presenter or author for more detailed information regarding the topics discussed.

Some of these articles read the same as the regular submissions to this JOURNAL. Others are more like synopses of what was presented in a workshop format during the International Conference in Washington. As always, we invite your reactions to these authors . . . and we invite you to attend the 1990 International Conference on Volunteer Administration coming up in Kansas City, MO. On the outside back cover of this issue, we are giving you a preview of this exciting upcoming event. JOIN US!

One way that you can be sure to keep informed about the International Conference and other important events is to become a member of the Association for Volunteer Administration. See the inside front cover of this JOURNAL and the inside back cover for more about AVA and how to get involved.

Association for Volunteer Administration Distinguished Member Service Award Acceptance Speech

Susan J. Ellis

At the 1989 International Conference on Volunteer Administration, Susan J. Ellis was presented with AVA's Distinguished Member Service Award. Ms. Ellis is President of ENERGIZE ASSO-CIATES, a training, consulting, and publishing firm specializing in volunteerism. She is based in Philadelphia but has conducted training sessions throughout North America and in Ecuador. Susan is the author or co-author of numerous books and articles, including FROM THE TOP DOWN: THE EXECUTIVE ROLE IN VOLUNTEER PROGRAM SUCCESS. She was Editor-in-Chief of The Journal of Volunteer Administration from 1981 to 1987 and still serves as Manuscripts Developer.

Thank you for this award and for your ovation. There are a lot of people in this room for whom I have deep affection and admiration and it is always the best to be recognized by your peers. At the VIP table in front of me are three people whom I would like to include in this recognition, since they have all supported my AVA work. First is my mother, Ann Ellis, who at this conference as at numerous others is a semi-coerced volunteer in the exhibit area and who can sell my books to potential customers as only a proud mother can. Next is Katie Noyes, who has been my colleague, co-author and friend for eighteen years and whose connection to this association is as deeply felt—and proven by hard volunteer work—as mine. Last, but only in terms of longevity of relationship, is my colleague and husband John Paul Dalsimer who has supported me through six years of rollercoaster feelings about AVA, has been an *ad hoc* accounting consultant to this association, and who is doing yeoman duty handling the financial end of the Resource Marketplace here. Thank you and love to all three of you.

This award is given for work specifically on behalf of AVA, which translates into work on behalf of the professional development of our field. I would like to use my ten minutes, therefore, to share with you some of my very strong feelings about where we are going as a profession and as an organization.

As you are well aware, the debate continues as to whether or not volunteer administration is, in fact, a profession. While I certainly spend my entire working life (and volunteer life, too) expending effort to bring us along professionally, I must tell you that if you pinned me to the wall today and asked, "Susan, is volunteer administration a profession?" I'd have to answer: "Not yet."

Why? Because the existence of the job title of "director of volunteers" does not mean that we have come of age. We have a long way to go in terms of educational criteria and the other underlying supports evident in accepted professions. But my biggest reservation is our own attitudes, behavior, and perspectives about our selves.

A profession is an identity one assumes as a result of education, experience, and commitment. It is not a job; it is a career. Neither one's title nor setting matters, nor even if you're paid to do it. For example, a lawyer is a lawyer whether or not she or he practices in a law firm or acts as Director of Risk Management at a hospital. As long as we think that people enter or leave our ranks because of their job titles, we are not a profession. This means that our members should retain their membership in AVA even when "pro-

moted" out of front line volunteer directing. Every executive director of an agency who at one time was trained as a director of volunteers is still in this field—you can take a person out of volunteerism, but you can't take volunteerism out of a person.

So think about it. Are you a member of AVA as one stop in what you consider as a career? Or is this an organization—and a possible profession—to which you intend to belong in the long term?

Is your professional identity generic, as an enabler of citizen participation or as a community resource mobilizer (which I think it is), or do you think your profession is connected to whether you work in a museum or in a nursing home? Be honest.

A profession is made up of individuals, not of agency representatives. No matter what job you hold, and whether or not your employer will pay your membership dues, your identity as a volunteer administrator is yours, personally. This means that it is no excuse to say, "I can't go into the Resource Marketplace because my agency won't pay for any books." No one buys you a career. If this is your profession, then keeping up with the trends and issues and writings is *your* responsibility, for yourself. You should want to OWN these resources, not to have to leave them behind when you change jobs. (Yes, this is a commercial to buy in the Resource Marketplace.) Professional development means continuing education—a hallmark of every other profession.

In my swan song editorial in *The Journal of Volunteer Administration* I exhorted more members to write as well as to read. This July 4th, as Katie [Noyes] and I finished yet another holiday spent writing our revision of *By the People*, we agreed that it was darn hard to find the time to add to the reservoir of knowledge about our field. I do not know one author who has been able to write "on the job." It takes private time . . . but then again, professional identity is a personal thing.

Professions operate on articulated philosophies, accepted definitions, and an ethical code of behavior. Practical skills are certainly important, but they are not the distinguishing characteristics of a profession. Technicians limit themselves to skills and competencies. Among the things I have done for AVA that I consider to have been a real contribution is that, when I was the first Board Chairwoman of Professional Development, I fought for that section in the certification portfolio on "Philosophy of Volunteerism" and insisted that it be a preliminary piece and not something done at a later stage of the process.

We in volunteer administration are facing enormous challenges right now to our philosophies, definitions and ethics. Where do we stand—as an association and as individuals—on Bush's 1,000 points of light? on national service and its connection to unremunerated volunteering? to the arguments of labor unions, particularly in Canada? to the succinctly articulated vision of the American Red Cross' "Volunteer 2000" Study? Being a professional means forming opinions on all of these critical current issues and then articulating them and fighting for them. In all the press about national service, for example, I've seen precious few volunteer administrators voicing an opinion. . . . *The Chronicle of Philanthropy* (dated July 11, 1989) at least found AVA, but I do not think that our executive director should speak for the members of the profession and it was he who was quoted.

In the past two years about a dozen universities have founded some sort of "Center on Nonprofit Management" or "Philanthropy." In almost none of these is volunteer management mentioned as a curriculum topic. Has AVA responded? New money has come into the philanthropic field. Independent Sector claims to speak for increased volunteering as well as increased dollar giving—and make no mistake about it . . . we are very much a part of philanthropy and even of fundraising. And we are a vital, critical part. Where is AVA on these planning and advisory bodies?

We currently have little influence or clout for a variety of reasons, some of which in fact relate to sexism. But we have also not advocated for our place at the table, for the unique perspective we represent on behalf of the thousands of volunteers we enable. I believe no new initiative involving volunteers should be allowed to surface without comment from AVA. We need task forces of our members formulating positions, regional committees working with state and provincial governments, constant press releases.

Where at this conference are we caucusing on the important subjects facing us and the volunteers we lead? There was a time then AVA had a public issues "track." That was laid down because our members kept saying, "Give us more skill building." That may be useful, but alone it isn't *profession*-building. Coming to a national conference should be an opportunity to learn about things of national import affecting our field and to CONTRIBUTE to the discussion on all of this.

Which brings me to our annual meetings. Tomorrow at 2:30 p.m. we will have the 1989 annual meeting of AVA. I hope to goodness that it will be different than in the past few years. Our annual meetings have unfortunately grown to be dull, non-participatory and even a bit insulting. I'm tired of going through the motions of credentialling and then not having anything to vote on . . . especially when the times we are in cry out for our reaction and response as volunteer administrators.

Let me make one thing absolutely clear: the purpose of parliamentary procedure is to insure a democratic meeting in which all can speak equally. It is NOT to stifle discussion nor to make members so afraid of parliamentary protocol that they do not take the microphone. Tomorrow, it is up to all of us to make sure that people *speak* at the meeting. If they do not verbalize their remarks into perfect parliamentary language, we'll listen to the sense of what they say and then help them to rephrase it for a vote. But what is most important is input . . . participation . . . discussion . . . debate . . . even controversy. We cannot, of course, fully deal with complex issues in the annual meeting, but it should be a culmination of work we are doing as an association throughout the year.

For next year, maybe we'll even receive an agenda of the annual meeting in advance, and maybe "Update" will become the forum for sharing of topics important to consider. Maybe our regions will be the intermediary ground at which issues and responses can be formulated. And we need to find ways to tap into the thinking of our marvelous affiliates.

AVA is NOT an agency, it is a professional membership association. We are in great danger of having the board think of it as an agency, the staff think of it as an agency, and the members think of it as an agency. An agency is run by a volunteer board of directors that is self-perpetuating and has the ultimate authority—legally—to make final decisions for that organization. AVA's board is elected by its members and is ultimately responsible to its membership. The reason we have an annual meeting is that it is a legal requirement and because it was meant to be the time that the members expressed their wishes. Over the past few years, the membership has been divested of its proper authority. The board, and the staff, are empowered to act on behalf of AVA on any matters implementing goals already accepted or on something requiring immediate action. ANYTHING ELSE must come before the membership in some way.

It is a poor argument to say that only a small percentage of the members are present at annual or regional meetings or that many members do not seem to want more involvement. It is only these meetings at which any member has the chance for input. Those who are most active will come come and participate. Last year, after an annual meeting at which the only vote was what to name this conference, the next issue of *Update* told us that the AVA board had voted on several "positions." None of these was controversial, but none was an emergency either. Why was not the *membership* asked to vote on AVA's position? Last year's member luncheon asked for discussion of "Corporate Goals" that were already IN PRINT. What effect have any of us seen since that luncheon of our input? And just because we are *incorporated* should not make our model the *corporation!* As firmly as I can say it, we the membership cannot allow the board or the staff to determine the DIRECTION of AVA. They are elected or hired to handle the important work of implementation and to make all the nitty gritty decisions of how to achieve goals. And they work amazingly hard at that. But the profession belongs to all of us. We simply must find ways to re-empower our members.

I realize that I am violating one of the unwritten rules of awards acceptance . . . by criticizing the group that is trying to thank me. It is important to me that this not be heard as some sort of personal attack on the AVA board because it is not. It should be evident to you all that I can honestly say "some of my best friends are officers of this

association." I do my work on behalf of AVA because I care about the organization and because I see this as a way to contribute to my EMERGING profession. AVA allows me to be a volunteer . . . an activist . . . on behalf of the field. It is a very different dimension than what I am able to do as a consultant or trainer. Maybe, then, I am showing how much I care about all of us by risking this speech. AVA is veering from its course and I want to grab the wheel and the brakes while there is still time.

But I cannot do it alone. Every one of you must make up your mind. First, what is your level of commitment to this field? Is this a job or a career for you? Are you willing to give some personal time and even personal funds to this field because it is your identity? What is your level of commitment to AVA? Are you willing to be active on regional committees? To write for *The Journal?* To run for office?

What is your level of commitment to this emerging profession? Do you see its potential and the importance of citizen involvement? Do you have an opinion about where it should be going? *Form one,* and then express it.

If you truly want to honor my work for AVA then you will raise your level of participation by some degree. I want a mile . . . I'll take an inch. Come to the AVA annual meeting tomorrow and make it worth everybody's while. Let's build this profession together. Thank you.

Evaluability Assessment Clarifies Complex Programs

Arlen Etling, Ph.D.

Is your volunteer program too complex, too diverse, or too fuzzy in some people's minds? Do key people in your organization have trouble understanding your program? "Evaluability assessment" (EA) is a process that can help clarify program components. It can help everyone from administrators to volunteers better understand the organization and plan more useful programs. It can also increase organizational efficiency and staff pride.

WHAT IS EVALUABILITY ASSESSMENT?

(EA) is a method for examining a program (or a proposed program) to assess its structure, to determine plausibility of the program achieving intended goals, the evaluability of those goals, and the utility of implementing further evaluation of the program (Smith, 1989, p. 11).

According to Wholey (1979, p. 18) EA explores and documents the program expectations and assumptions of those in charge. It determines the extent to which program objectives have been defined in measurable terms. EA shows the activities actually underway and the likelihood that program activities will achieve measurable progress toward the objectives. It delineates options for changes in program activities and objectives to enhance program performance.

EA also helps determine perceptions of political and interest groups concerning program objectives and performance. All stakeholders' perceptions are considered in EA, a point which distinguishes EA from other types of evaluation. A stakeholder is:

. . . a person/group of people with a vested interest—a stake—in program and/or evaluation. Stakeholders are affected by and can affect the program and/or evaluation in important ways (Smith, 1989, p. 5).

EXPECTED OUTCOMES

Smith (1989) points out that EA is usually described as a highly desirable preliminary step to outcome evaluations. It is also an evaluation tool in its own right and has evolved into a program development tool. She observes that two primary outcomes can be expected from EA: (1) definition of a program's theory, and (2) identification of stakeholder awareness of and interest in a program. Achieving these two outcomes should result in clarification of program theory, increased effectiveness and efficiency of staff, increased probability of success, immediate implementation of program improvement actions, identification of causes of any failures, and formative evaluation for long-term programs. EA can be expected to increase administrative comprehension of the program and to improve policymakers' choices. It can increase the organization's visibility and accountability, the options for evaluation, and the probability of successful replication of a program. Smith suggests that EA can improve

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staff's skills in program development and evaluation (pp. 14–26).

HISTORICAL BACKGROUND

Evaluability assessment began in the early 1970s. According to Smith (1989) and Mayeske (1988), Joseph Wholey and his associates at the Urban Institute in Washington, DC, developed EA in response to an impasse that had developed between stakeholders of programs and evaluators of those same programs. This impasse was due to differences between rhetoric and reality. Through a series of quick evaluations, Wholey and associates explored ways of bringing together program rhetoric and reality.

These evaluations shared common elements which refined EA:

1. The evaluations involved both evaluators and evaluation users in shaping the evaluation agenda.
2. They checked for gaps between rhetoric and actual program objectives early in the evaluation process.
3. They tried to identify implementation flaws by checking for discrepancies between intended and actual program operations.
4. They focused evaluation resources on objectives that were important and measurable by an early effort to weed out objectives that were unimportant or unmeasurable.
5. They tried to identify practical management options in order to improve programs and make them more "evaluable" (Smith, 1989, pp. 13–14).

George Mayeske at the U.S. Department of Agriculture, who needed to evaluate a nutrition education program, modeled his efforts on the EA process that Wholey developed (Mayeske, 1988). Because of the nature of the program being evaluated, Mayeske adapted Wholey's work to a program originating from the grass-roots level where (1) evaluation funds were limited and (2) a staff-centered approach was desirable.

After Mayeske's efforts, a project was initiated by USDA in 1984 to define the evaluability assessment process and to encourage its adoption by the Cooperative

Extension Service (Smith, 1989). This project resulted in successful EAs completed in eight states on various Cooperative Extension programs (Mayeske, 1988). Since EA depends on a facilitator skilled both in evaluation and group process, these EAs have helped to develop a "critical mass" of experience in EA. The next steps in using EA will depend on other ". . . reinforcing mechanisms such as networking, workshops, training sessions, and symposia . . ." (Mayeske, 1988, p. xvi).

CONDUCTING AN EVALUABILITY ASSESSMENT

Six tasks were identified by Rog (1985) as being necessary to conduct an EA. Smith (1989) reviewed previous writing about EA and when combined with her experience with several evaluability assessments, she concluded that 10 separate tasks are involved in EA:

1. Determine purpose, secure commitment, and identify work group members;
2. Define boundaries of program to be studied;
3. Identify and analyze program documents;
4. Develop/clarify program theory;
5. Identify and interview stakeholders;
6. Describe stakeholder perceptions of program;
7. Identify stakeholder needs, concerns, and differences in perceptions;
8. Determine plausibility of program model;
9. Draw conclusions and make recommendations; and
10. Plan specific steps for utilization of EA data.

To illustrate how these 10 tasks may be implemented, a specific "case" is appropriate. Pennsylvania 4-H was one of the Cooperative Extension programs which Mayeske studied to better define and disseminate the EA method.

NEED FOR EA IN PENNSYLVANIA 4-H

Turbulent change characterized Pennsylvania 4-H during the middle 1980s. From 1985 to 1987 a new State 4-H Director and a new College of Agriculture Dean

brought new approaches to the program which included merging the 4-H program into the Department of Agricultural and Extension Education. The Director of Extension retired in 1987; regional 4-H administrative positions were eliminated; and a new computer reporting system was installed for Extension. In 1987 the Pennsylvania legislature approved a $5 million appropriation to strengthen Cooperative Extension in the state. This appropriation allowed frozen positions to be filled and added new 4-H positions at both the county and state levels.

Cooperative Extension plans of work for 4-H were modified to reflect changes in program content and delivery for the 4-H program to respond to changing clientele. A new emphasis was placed on systematic needs assessment to guide program development including curriculum. A new process for orienting new Extension professionals was proposed (College of Agriculture, 1988).

Task One: Determine Purpose, Secure Commitment, and Identify Work Group Members

Such sweeping changes provided the background for conducting an evaluability assessment to determine the strengths and weaknesses of Pennsylvania's 4-H program. Specific objectives were:

1. To identify the perceptions of 4-H professionals regarding inputs and results in the 4-H program;
2. To describe stakeholders' perceptions of Pennsylvania 4-H; and
3. To compare the professionals' perceived program model with stakeholders' perceptions.

Commitment was secured from the administrators in the College of Agriculture where 4-H was being administered and from 4-H professionals at the county and state levels. A study committee was formed to represent Pennsylvania 4-H at all professional levels. Members included five county 4-H agents, two state 4-H specialists, the state 4-H program director, and the state Extension evaluation specialist. Mayeske agreed to assist with the study and serve on the study committee.

Task Two: Define Boundaries of Program to Be Studied

Through structured discussions, the study committee formulated a program logic model of inputs and results (Figure 1) and specified activities and indicators of accomplishment at each stage of the model. This logic model constituted the boundaries of the program.

Task Three: Identify and Analyze Program Documents

Because the study committee represented professionals at all levels of the organization, this task was unnecessary as a separate step in the process. Knowledge of program documents was part of the rationale for the selection of study committee members.

Task Four: Develop/Clarify Program Theory

Through the discussions which resulted in the development of the logic model (Figure 1), the study committee clarified program theory. Later, after Task Seven, the committee returned to review and refine its description of the logic model. It was further refined during the preparation of the final report (Task Nine).

Task Five: Identify and Interview Stakeholders

The study committee identified 13 groups of Pennsylvania residents besides 4-H members who had a stake in the 4-H program's development, implementation, reputation, or impact. These groups or "stakeholders" included Pennsylvania State University administrators, College of Agriculture administrators, county commissioners, state legislators, state 4-H Foundation directors and donors, county Extension advisory committee members, county Extension directors, county 4-H coordinators, other county agents with 4-H responsibilities, 4-H volunteer leaders, parents, state 4-H specialists, and representatives of other agencies that work with 4-H.

A purposive sample of 47 individuals including at least three representatives of each stakeholder group was chosen by the study committee. The sample was balanced geographically, ethnically, and by gender. The committee then developed
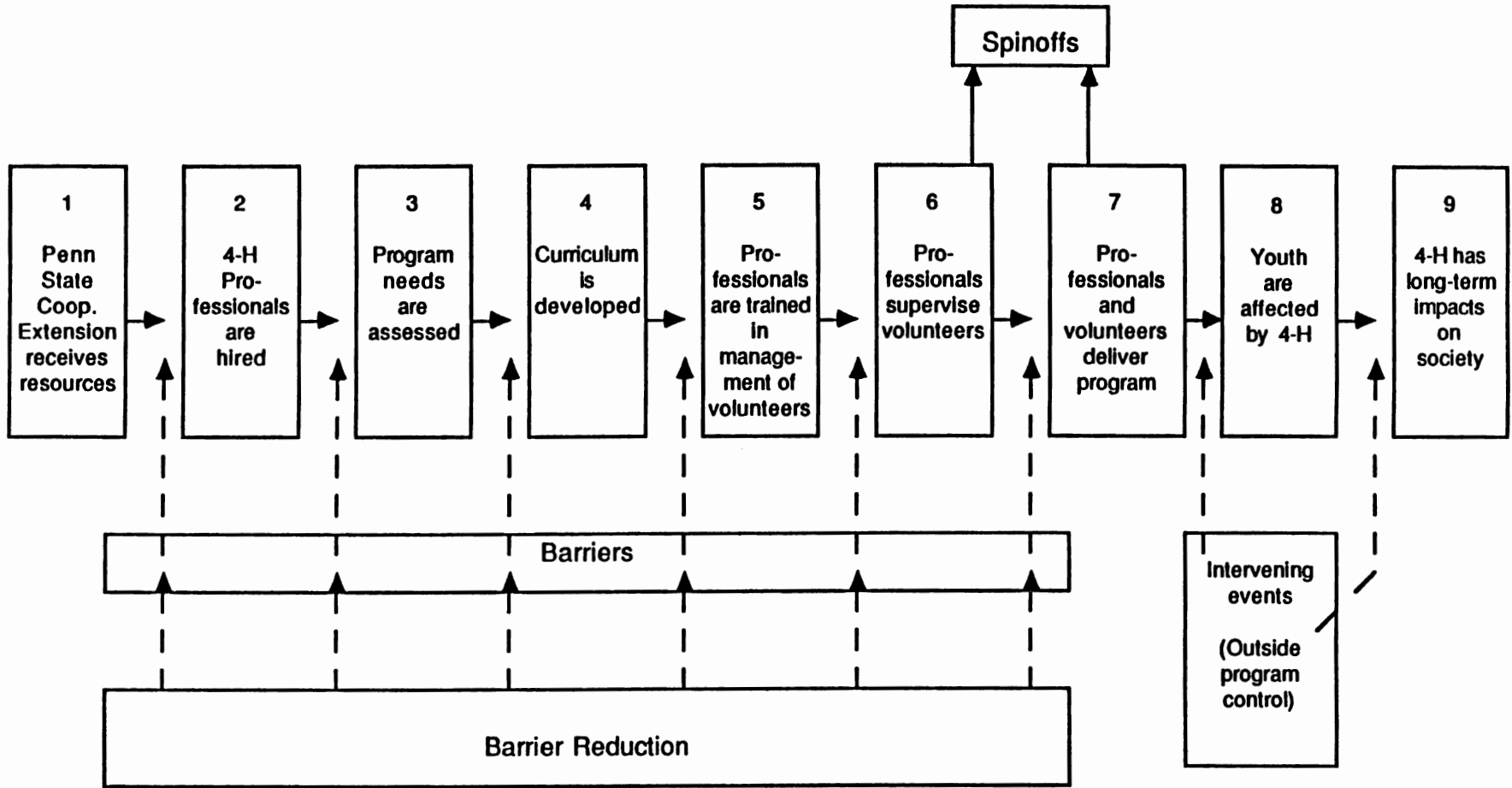
Figure 1
Logic Model — Pennsylvania 4–H

the interview questionnaire which was critiqued by federal and state evaluation specialists for its content validity.

Four undergraduate students enrolled in the Extension Education minor at Penn State and the state evaluation specialist agreed to conduct the interviews. Four hours of orientation on basic principles of interviewing were completed by all interviewers, who were prepared to deal with a variety of situations that could affect the validity of the interviews. Neutrality and consistency were emphasized. Standardized answers were developed for potential queries about the meaning of certain questions and the reason for the study.

Stakeholders were contacted by letter and then by phone. In some cases the interview was completed on the first contact. In other cases up to 14 calls were needed, usually because of secretaries' screening calls for their employers. Several sensitive interviews were conducted in person by the state evaluation specialist. Figure 2 shows the interview questions.

At the end of the data collection phase, 45 interviews were completed (96% completion rate). Each interview was taped using audio cassette recorders and transcribed. The typed transcriptions were placed in folders by stakeholder category for analysis. All names were deleted from the transcribed copies to protect the anonymity of the stakeholders.

Task Six: Describe Stakeholder Perceptions of Program

The study committee met a second time to review the interview results. In accordance with accepted procedure for conducting this type of qualitative study (Wholey, 1979; Mayeske, 1986), a structured group discussion was used by the study committee. This allowed the study committee to consider the context of the 4-H program while analyzing and comparing perceptions of discrete parts of the program. In pairs, committee members read and summarized the typed transcripts from each stakeholder category.

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1. What are your overall perceptions of the 4-H program in Pennsylvania?
2. What do you think is the purpose of 4-H?
3. Do you think the purpose of 4-H should be different?
4. Who is served by the 4-H program?
5. What are the effects of the 4-H program on the participants; in other words, how are they different as a result of being in the program?
6. What is the county Extension staff expected to do to bring about the effects of the 4-H program?
7. What is the state Extension staff on campus expected to do to bring about the effects of the 4-H program?
8. Do you have any other thoughts about how the 4-H program is carried out?
9. Do you think the resources of the program are adequate? (If "No," ask, "What more is needed?")
10. If the 4-H program were to undergo a formal evaluation, what would you like to know about it?
11. What do you think is the future of 4-H in Pennsylvania?
12. In what ways do you think the 4-H program should change to meet future needs?
13. Is there anything else you would like to mention concerning the 4-H program in Pennsylvania?

Figure 2

Interview Questionns

Task Seven: Identify Stakeholder Needs, Concerns, and Differences in Perceptions

Responses among stakeholder categories were compared. The committee then compared stakeholder perceptions with the Logic Model presented in Figure 1.

With regard to objective one, the inputs and results in Pennsylvania's 4-H program were identified and are described in the Logic Model (Figure 1). In addition, activities and indicators of accomplishment were listed for each stage of the model. Faculty resources were specified which were necessary to complete each stage.

For objective two, stakeholders' perceptions of Pennsylvania 4-H were identified from the interview transcriptions. Stakeholders indicated that they liked 4-H and did not want its purpose to change. However, they were reluctant or unable to state the purpose. Many respondents indicated that 4-H should expand opportunities for urban and suburban audiences.

Some 4-H agents and specialists expressed difficulty in identifying a satisfactory role for themselves. Other responses indicated agents' frustrations with a long period of adjustment to 4-H work. Still other responses indicated lack of clarity with the agent-volunteer relationship.

Respondents indicated different expectations for curriculum needs and for program delivery. Likewise, materials for recruiting and training volunteers were identified as a need. Several new program suggestions were made by respondents especially to attract and retain teenage 4-H members. Underlying all of these proposals was the expressed need to maintain and increase financial support.

In comparing the professionals' program model with stakeholders' perceptions (objective three) the study committee found no conflicts. Stakeholders, particularly those who were volunteers or outsiders, were not aware of the complete logic model. However, all were aware of parts of the model. Some responses emphasized only agricultural or home economics subject matter.

Task Eight: Determine Plausibility of Program Model

Mayeske led the study committee in a group discussion of the logic model. For each "event" (box) contained in the model (see Figure 1), he asked:

> "Has the purpose of this event been identified? Is it clear to you?"
>
> "Have supporting activities been identified? Are they plausible?"
>
> "Have resources been identified? Are they plausible?"
>
> "Have performance indicators been identified? Are they plausible?"

This discussion did not end until consensus was reached by the study committee. During the discussion minor revisions were made in the logic model.

Task Nine: Draw Conclusions and Make Recommendations

Based on the findings, study committee recommendations for objective one were to:

- create and promote a realistic image of 4-H,
- develop and communicate a unified philosophy of the 4-H program, and
- develop a framework for communicating life skill effects of 4-H.

For objective two the recommendations of the study committee were to:

- inform stakeholders of program purpose,
- strengthen 4-H programming for urban and suburban youth,
- clarify the county agent's role in carrying out the program,
- clarify the state specialist's role in carrying out the program,
- implement the proposed orientation plan for new staff,
- clarify the agent-volunteer relationship,
- develop training materials for use with volunteers,
- describe an ideal curriculum development model and implement it,
- develop guidelines for program delivery,
- review recruitment/hiring procedures,
- pilot test new approaches and programs for teenagers, and
- increase priority given to 4-H fund raising.

Recommendations related to objective three were to:

- organize effective communication channels with the various categories of stakeholders and communicate with them on a regular basis,
- make 4-H professionals aware of these recommendations as future programming efforts are developed,
- conduct further studies of 4-H program inputs and results, and
- use evaluability assessment with other extension programs because it was less costly than an impact study, it clarified inputs and results that may have been overlooked by quantitative research, and therefore it is an appropriate method of qualitative research.

The evaluability assessment did not produce major surprises or conflicts, but it did systematically document the strengths and weaknesses of the overall program. Recommendations were developed which detail actions needed to improve the effectiveness and extensiveness (both in terms of target audience and youth needs programming) of the 4-H program.

Task Ten: Plan Specific Steps for Utilization of the EA Data

Further research on several topics was suggested by this study:

1. What are alternative approaches for increasing 4-H enrollment?
2. What needs of urban and suburban youth should 4-H address?
3. How do different stakeholder groups view the 4-H agent role?
4. What are new worker orientation models that might lessen the frustrations and shorten the period of adjustment?
5. What are some guidelines for an appropriate agent-volunteer relationship?
6. What curriculum development model would work best for Pennsylvania?
7. What are the best training models for volunteers?
8. Why do teens drop out or stay in 4-H?

9. What new curriculum materials are needed most?
10. Under what conditions are the various program delivery methods most effective?
11. What is the most useful needs assessment strategy for Pennsylvania 4-H?
12. What are the effects of 4-H on the youth and adult participants?
13. What are the long-term impacts of 4-H on society?
14. What are the strengths and weaknesses of the evaluability assessment process?

In order to address the implications identified through the research, the study committee first designated two of its members to summarize all of the committee's deliberations into a final report. Because that report (Etling and Tuttle, 1988) was 42 pages in length, a four-page Executive Summary was prepared and disseminated to all stakeholders who participated as well as all professionals who work with 4-H in Pennsylvania. The recommendations were then prioritized and responsibilities to address the priorities were divided among different groups and individuals in the organization.

WAS EA SUCCESSFUL FOR
PENNSYLVANIA 4-H?

Evaluability assessment saved Pennsylvania 4-H considerable time and effort. Some administrators initially proposed an impact study. The EA that was conducted instead used fewer resources and clarified complex relationships which an impact study might have ignored.

The success of this EA was strongly tied to the skills and experience of George Mayeske, who facilitated the process. Now 4-H staff in Pennsylvania could conduct an EA; but they would not have been able to do so before this experience. Implementation of an EA would not likely be successful without an experienced facilitator.

Pennsylvania 4-H was beginning to focus on needs assessment at the same time that the EA was initiated. The evaluability assessment complemented those needs assessment efforts. EA indicated

program needs and those of stakeholders. Because of its usefulness, subsequent needs assessment efforts could be directed toward organizational priorities rather than used to assess needs of a few vocal stakeholders.

During the months that followed, many of the recommendations were addressed. Others are being addressed. An impact study of Pennsylvania 4-H has been scheduled for 1990. The results of this evaluability assessment will be useful in future deliberations on 4-H programming priorities in Pennsylvania.

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Reaching the Corporate World Through Effective Corporate Volunteer Council Partnerships

Jeanne Klug

Are you looking for ways to access corporate resources? Working effectively with your local Corporate Volunteer Council (CVC) can help you reach corporate resources. In some areas of the country, a CVC might be called a Business Volunteer Council (BVC) or some similar name. There are more than 40 CVCs located in major metropolitan areas throughout the United States. If there is no CVC in your area, this article may motivate you to help one get started.

According to Shirley Keller of VOLUNTEER: The National Center, A CVC is formed for three purposes:

1. To exchange information about corporate employee volunteer programs among companies which are operating them and to give those companies in the community which are considering initiating such programs assistance in doing so successfully;

2. To provide a forum for member companies to learn about needs for employee volunteers and resources in the community. This is usually accomplished when a CVC invites a community agency or organization to present information and its needs for volunteers during a regularly scheduled CVC meeting; and

3. To provide a way for member companies to work jointly on a community need or problem which has been identified and is too large or complex for one company to handle alone, and/or to initiate a communi-

ty-wide recruitment or recognition event for corporate volunteers.

In addition to providing information and support to their corporate members about the initiation and maintenance of employee volunteer programs, CVCs also assist community agencies and organizations by offering non-cash resources and employee volunteers for specific needs or programs. However, more than likely, a CVC is not the best organization to access corporate financial support. Often the corporate representative to the CVC may not have responsibility for the company's contributions budget.

If the CVC has a program committee, it is responsible for screening and inviting agencies to make presentations. Suggestions also are initiated by the local Volunteer Center or by individual corporate members. Unless specifically requested by CVC members, monetary needs should *not* be included in the presentation. Generally, only one agency presents per meeting, although that agency can be a representative of a subject area (*i.e.*, health) and present the volunteer needs of a number of related groups in addition to its own.

In order to gain access to corporate resources, it is important to understand how most CVCs work. During a regular CVC meeting, an agency or organization may be invited to make a brief, formal presentation of its needs for employee volunteers and/or non-cash resources and to distribute information to corporate members. This practice increases communica-

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tion between the businesses and non-profits about needs which may affect both of them. It also is an efficient way for the companies to learn about specific needs and for the agency/organization to solicit a number of companies at one time for non-cash/volunteer resources.

To achieve the best response when presenting the needs of a non-profit to a CVC, do a little homework first. Find out the kinds of businesses that will be hearing your presentation and the issues they focus on. For example, at Bell Atlantic the focus is on education as it relates to science/technology literacy. Although Bell Atlantic companies, which include the operating telephone companies in Maryland, Virginia, New Jersey, West Virginia, Pennsylvania, Delaware and the District of Columbia, are involved in helping with a multitude of community needs, there is a particular interest in the education issue. Therefore, as do many other businesses, Bell Atlantic seeks opportunities to help in its focus area.

In 1988–89, almost 20 CVCs across the country worked together on the National Council on Corporate Volunteerism "Helping Hands for the Homeless"CVC project. This focus on the needs of the homeless still continues in many CVCs. CVC presidents recently decided that their next national project will target education, particularly as it relates to job readiness and literacy. Therefore, in the future, these are needs that CVCs may be particularly interested in exploring with nonprofits.

Bring enough of your business cards and printed background information on your nonprofit organization to the CVC meeting for the expected attendance. Your presentation should stay within the time allotted and emphasize volunteer opportunities. Try to paint a verbal picture portraying how volunteers could be helpful. Often a company's focus area will benefit both the company and the community. Benefits to a company may include a positive impact on customers, its future labor pool, employees, etc. Therefore, try to relate the need to benefits for both the community and the CVC companies. Give specific dates and times and approximately the number of volunteers needed for the program. Is public transportation nearby? Jeanne Phillips of United Telephone of Florida, the CVC Presidents' Representative to the National Council on Corporate Volunteerism, says, "Workplace volunteers often tend to seek opportunities that are short-term, so in your CVC presentation offer one-time opportunities as well as long-term opportunities."

Also find out if any of the businesses in the CVC offer released time or if they are only able to make volunteers available for out-of-hours opportunities.

If you need in-kind services, be specific and convey how the services or goods will be used. Most companies require proof of tax exempt status before contributions can be given. Show how you can recognize the help you receive by bringing copies of your non-profit's newsletter or press releases about a special event.

Typically, CVCs are started by three to five interested businesses in cooperation with a Volunteer Center, United Way or perhaps a Junior League. Membership in a CVC is drawn from corporate representatives who administer employee volunteer programs or from corporate representatives interested in starting such programs. Generally, there is one representative from each CVC member corporation. The average "active" corporate membership ranges from 20 to 30 companies.

Several CVCs have established an "associate member" category to include nonprofit organizations that serve as "clearinghouses" for volunteering in the community and which promote volunteering. Volunteer Centers are the most common associate members; other associate members could include State or Governor's Offices on Volunteerism, Junior League Associations or the United Way. The nature of the associate member category varies, however, and is decided upon by the corporate membership of individual CVCs.

What role does a local Volunteer Center play in a CVC? According to Shirley Keller:

The role of a Volunteer Center in the development and operation of a CVC has proved to be an integral one in almost every currently operating and developing CVC in the country. Volun-

teer Center staff and board members have been among the founders of most CVCs, have participated on the steering committees and assisted with the group's planning, and have provided staff support to assist it in "getting off the ground." Most serve as advisory or associate members once the CVC is fully operational.

In all cases where Volunteer Centers are fully involved in initiating a CVC, they generally limit their roles to a "behind the scenes" facilitator, assisting the corporate members of the CVC to take on leadership positions in the group. This allows the Volunteer Center and the CVC to form a mutually beneficial partnership, while maintaining the CVC as a "corporate-owned and led" organization. In some cases, once the CVC is operating, the Volunteer Center takes on the role of providing administrative support and staffing for the group.

Yosef Hadar, Community Relations Manager of the World Bank, has consulted with CVCs from California to Connecticut. He has observed that CVCs are most effective when the involved businesses are in control and are accountable for the CVC. He also advocates action-oriented projects.

Corporate Volunteer Councils are a vital link between business and the community. If you are interested in determining where the CVC nearest you is located, contact VOLUNTEER: The National Center (telephone 703-276-0542).

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Termination Techniques:
Ending the Volunteer/Client Relationship

Nancy C. Lynott and Ann Narkiewicz, LSW

The social work training of the authors has taught the value of ending, or terminating, helping relationships in a positive way. Social work itself is a helping process. In our agency, volunteers supplement the social work process. Like many volunteer administrators, we fell into our jobs in the volunteer program because of our commitment to helping people. We viewed the volunteer program as another component of the social work treatment methodology. We will discuss termination as the positive ending of a helping relationship between a volunteer and a client, not termination of volunteers from the program.

As we both trained and worked with volunteers, we realized that the volunteers needed much the same assistance in ending the helping relationships as the social workers did. We made the decision to discuss the termination process in our initial training of volunteers. It is our belief that this addition to training has not only made endings easier for volunteers but has improved volunteer retention. Volunteers are prepared in the beginning for the way in which termination will affect them emotionally, and they are encouraged to discuss these feelings with their agency contact person. The volunteer is helped to understand that these feelings are a normal part of endings and that these feelings do not reflect negatively on their abilities.

DEFINITION

Termination is sometimes a rather harsh word and often carries an unpleasant connotation. However, Webster's defines termination simply as "Bringing to an end."

In relationship to the helping process, the authors define termination as "The process of ending a helping relationship." The emphasis here is on the word *process* rather than the word *ending*. Process, a social work theme, reminds us that, when working with people, no one action stands alone. In other words, the way a relationship proceeds to its ending can affect the success of the whole change effort. The volunteer and client work together to achieve change, and, as the relationship ends, their feelings toward each other and the relationship affect the changes associated with that relationship.

How does this definition of termination fit with volunteer programs? This term is applicable only in agencies where volunteers are used in long-term one-to-one relationships. Several types of agencies which involve volunteers in this way are the military, police, mental health, services to aging, mental retardation, public and private child welfare, drug and alcohol prevention, Big Brothers/Big Sisters, hospice, and Scouts. Although these agencies serve a variety of clients, volunteers play the same role: helper in one-to-one relationships.

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VOLUNTEER SELF-AWARENESS

Volunteers learning about termination techniques look at their own feelings about endings. Self-awareness, another term for this sort of discovery, is an important step in training. As volunteers admit their own ease or difficulty with saying "Good-bye," they will be better prepared for their own and their client's behavior when the time comes, and they will be better role models. It would be a good idea for all volunteer leaders to conduct the same kind of self-discovery in order to understand what volunteers' feelings may be and thus be in a better position to help them.

One technique for discovering feelings about leavetaking is to review past friendships. Ask yourself: Do you still keep in touch with old friends? Do you say "Good-bye" to people or "See you"? Have you moved often to new towns, or even new houses? How far do you live from where you were born? Do you throw things away, or keep them forever? Make a list of 10 or 15 leavetaking concepts and review it with volunteers as a training exercise. Discuss as a group how behaviors and styles differ. Finally, be available to discuss these feelings with volunteers when their time comes to end a relationship with a client.

STAGES OF THE HELPING RELATIONSHIP

A helping relationship can be defined as a bond between two people who have come together for the purpose of enabling at least one of them to improve his or her life. There are five stages in the volunteer-client relationship: development, transition, partial dependency, independence, and termination of the formal relationship.

In the development stage, the volunteer will make himself or herself available to the client. The volunteer will reach out in a caring manner and show concern, trying to be as relaxed and natural with the client as is possible in a new relationship. While listening to and recognizing the client as an individual, the volunteer needs to be willing to give without expecting anything in return. This volunteer role is much like what psychologist Carl Rogers describes as unconditional, positive regard. In response to the volunteer's behavior, the client will see that no expectations are being placed upon him or her and will begin to trust the volunteer. The client will see the volunteer as dependable, caring, and consistent, believing that the volunteer cares about the client as an individual. As the relationship further develops, the client may want to give something in return. This needs to be handled gracefully and be accepted, knowing that it is part of the client's growth. Material gift giving should be discouraged in preference for symbolic gifts (i.e., demonstration of a new skill or a homemade gift).

The transition stage is when a change is seen in both persons' behaviors. The volunteer increases support to the client and will acknowledge and accept the client's feelings; the volunteer helps the client to set his or her own limits. The client verbalizes anger and frustration and will test the helping relationship through negative behaviors such as missing appointments or having a house full of people when the volunteer arrives. The volunteer needs to remind the client of the importance of the relationship and the need for the frequent one-to-one contact. The Agency must prepare the volunteer for the types of behaviors the client may display.

The third stage of the relationship is partial dependency. The volunteer reinforces the new behavior the client has learned and helps the client develop problem-solving skills. The volunteer will discourage the impulsive or passive reactions that were characteristic of the client in the past. The client has improved self-esteem, is less self-critical, is increasingly autonomous and is capable of self-nurturing.

The fourth stage in the development of the helping relationship is independence. The volunteer continues to provide support and caring while beginning to decrease contact with the client. Since the client has become more self-sufficient, the volunteer discusses the positive changes that have been made and begins to withdraw from the relationship. The client has become able not only to turn to others appropriately in times of stress but also to

recognize needs and feelings of other people. The client has learned to recognize and avert potential crisis.

The final stage in the development of the helping relationship is termination which will occur on a schedule set up by the agency worker, volunteer, and client. The volunteer, gradually weaning the client, discusses the positive changes that have occurred. Acknowledging the positive changes that have been achieved, the client is now able to use support systems and is less dependent on the volunteer.

This description of the developing stages of the ideal helping relationship assumes that both the client and the volunteer are handling the relationship appropriately. The client and volunteer may not go through these stages in this order and may not be in the same stage at the same time. But if the volunteers understand these stages, they can better understand and help the client.

PROCESS OF ENDING THE RELATIONSHIP

The actual process of terminating a helping relationship begins at the beginning of that relationship. It should be made clear before the relationship starts that there will be an ending. The volunteer and client need to be clear that they are not just friends, but helper and helpee. The conclusion of the relationship should be defined clearly: it will end either within a given time frame (*i.e.*, one year) or when a goal is achieved. A volunteer working with a child must explain this in terms the child can understand.

As the relationship develops, its inevitable termination should not be forgotten. The volunteer and client need to review the projected termination from time to time and to remind each other of the helping nature of the relationship. Phrases such as "You can do this by yourself when we're no longer seeing each other" or "Next year at this time we will not be working together anymore" are appropriate ways to reinforce the concept of termination.

When the time to end the helping relationship draws near, it will be important to discuss it more frequently.

The volunteer, client, and helping professional should make the decision together to begin the ending process. The volunteer and client need to remind themselves of their feelings about endings and how their personal life experiences will affect this process. The volunteer will begin gradually to decrease the frequency of visits with the client, explaining to the client what is happening. While decreasing the frequency of visits, the volunteer will encourage the client to use such natural support systems as neighbors, school or work contacts, someone who belongs to the same club or organization, or family.

A graduation date should be set by scheduling a last meeting with the volunteer, client, helping professional, and anyone else who may have been involved in the relationship. At this graduation, the volunteer and client review events and changes made during the relationship and discuss their individual plans for the future. It is a good idea to inform the client how to obtain additional help if needed. Often, volunteers and clients choose to celebrate the graduation, combining it with a treat, such as a trip for ice cream.

As the reader may have already anticipated, the termination process is not always a smooth road. One problem that thwarts the process is a sudden change in the client's life, making him or her no longer available to the volunteer. Such a change could be moving, a new job, long-term hospitalization, or involvement in a new relationship. With no opportunity to say good-bye to the client, the volunteer often feels frustrated and cheated. As there is no good way to predict or prevent these occurrences, the best way to help volunteers is to discuss this possibility in training, in effect warning volunteers that these abrupt changes can happen. When something like this does occur, the volunteer leader should be available to discuss this with the volunteer and allow him or her to vent feelings.

Sometimes the client will resist the termination process, not cooperating with less frequent visitation or exhibiting former problem behaviors in an effort to seem needy. The volunteer needs to

recognize these behaviors for what they are and not over-react. The volunteer might try reinforcing the client's past accomplishments, reinforcing the client's other support systems, and encouraging the client to honestly discuss feelings. The volunteer can also discuss his or her own feelings with the client about terminating but must be firm about sticking to the termination schedule.

When a volunteer has been involved in a helping relationship with a child, these endings can be very difficult for the client. However, volunteers do not often make lifetime commitments and these endings must take place as volunteers move on. It is very important that the child be aware from the beginning that the relationship will end and that the volunteer reinforces this often. The volunteer can spend time with the child helping to develop hobbies and activities, or even friendships, that he or she can carry on alone. When the end does come, handling it as a graduation is most effective, stressing achievements and recognizing strengths. The child may never be happy about the relationship's ending; but if prepared, it will not be a surprise. If the child can feel really good about the relationship, he or she will have a warm and lasting memory.

BENEFITS

Do volunteer programs benefit by training our volunteers in termination? Preparing volunteers for the termination process helps end relationships more positively. When it is clearly understood that the helping relationship is finite, the ambiguity of the volunteer's role is reduced. Knowing that the relationship will end encourages the volunteer to set a timetable to establish goals. Meeting these goals then enhances the self-esteem of both client and volunteer. If a relationship ends on a positive note, then it will be seen in a positive light. If the relationship ends in a negative way, then the client may transfer negative feelings toward the agency rather than toward the volunteer. Volunteers who perceive that the relationship was positive will continue to volunteer, thus improving volunteer retention.

Discussing termination with the client affords an opportunity to acknowledge feelings and to feel part of the process. The knowledge that the relationship will end can discourage unrealistic expectations on the client's part. When the client is told in the beginning that this helping relationship is time-limited, it will clarify that the volunteer is not a friend but a helper. Using termination techniques shows the client how to end other relationships in a positive way. Many clients do not always have positive endings with other people; modeling proper ways to terminate is a valuable gift to offer clients.

Termination techniques are useful to the client, the volunteer, and the agency. The client can leave the relationship in a positive fashion. The volunteer feels valued and will perform this role again. The agency gains by having better trained, satisfied volunteers who will stay longer and speak well of the organization to others.

Legal Issues Related to Volunteers

Jeffrey D. Kahn

This article helps the readers to identify the relevant legal issues relating to the presence of volunteers in nonprofit organizations in the U.S. One way of examining legal issues relating to volunteers is to consider how the usual rules with regard to employees are changed, if at all, by the presence of volunteers. Many of the same legal questions arise when both volunteers and salaried employees are working, but the answers to these questions may be less established when considered with regard to volunteers.

In order to understand legal issues, the legal definition of employee must be clear. "Employee" is defined differently for different legal purposes. Some of these definitions clearly include volunteers, whereas others are much less clear. For example, the United States Equal Employment Opportunity Law, 42 U.S.C. § 2000e(f), defines employee as "an individual employed by an employer." This definition does not explicitly state whether it includes volunteers. On the other hand, volunteers are explicitly included in the Pennsylvania State Tort Claims Act, 42 Pa. C.S.A. § 8501 *et seq.*, which defines employee as "any person who is acting or has acted on behalf of a government unit on a permanent or temporary basis, *whether compensated or not. . . .*" (emphasis added). "Employee" or "servant" is defined for vicarious liability purposes as one over whom the employer or master has a right of control, one whose services the employer or master consents to receive, and whose services are expected to benefit the master or employer. Volunteers, then, may be "employees" for some purposes and not for others.

KEY TERMS

In discussing liability issues relating to volunteers, we began by defining some key terms. A "tort" is a legal wrong. "Negligence" is some deviation from the ordinary standard of care exercised by a reasonable person. "Cause" is a very complex legal concept but which has some of the same sense as in colloquial English, with some significant variations.

In order to understand how the liability laws apply to volunteers, it is necessary to understand some of the basic principles of liability. Under the common law of torts, an injured person can recover from someone whose negligence caused the injury. For example, if Mr. Smith drops a banana peel on the ground in front of Ms. Jones, and Ms. Jones slips on the banana peel and injures herself, she can recover from Mr. Smith for his negligence, if a reasonable person in the situation, using ordinary care, would not have dropped the banana peel.

WHAT HAPPENS IF A VOLUNTEER INJURES A THIRD PARTY?

Organization's Liability

An employer may be liable for torts of its employees, even if the employer was not negligent, under the doctrine of *respondeat superior*. This doctrine is also applied to cases of volunteers working for an organization. An organization may be liable for injuries caused by a volunteer to

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a third party under this doctrine of *respondeat superior* if: (1) the volunteer negligently or intentionally caused the accident; (2) the volunteer was performing his or her assigned work at the time of the accident; and (3) the volunteer was within the organization's control, *i.e.*, was a "servant." On this last element, courts look at whether the organization has the "right" of control, not whether that control is actually exercised. The right of control may be evidenced by management procedures, recordkeeping systems, etc.

There are several cases in which these principles were applied. For example, in one case, *Baxter v. Morningside Inc.*, 10 Wash. App. 893, 521 P.2d 946 (1974), the volunteer was in a car accident while driving a car on an errand for the organization. The court found the organization liable to the injured party because all three requirements for *respondeat superior* were met: the volunteer caused the accident, was doing his assigned work at the time of the accident and the organization had a right of control over the volunteer, because the organization and volunteer had agreed on the purposes and details of the errand. In other cases, even involving similar circumstances, courts have reached different conclusions. In *Scottsdale Jaycees v. Superior Court*, 17 Ariz. App. 571, 499 P.2d 185 (1972), which also involved a car accident, a volunteer for the organization was on his way to a meeting in another state as a designated delegate. The court ruled that the volunteer was not within the organization's control until the volunteer arrived at the meeting.

The organization's liability insurance policy may cover the organization for certain injuries cause by volunteers. The extent and terms of that coverage will probably vary from organization to organization.

Volunteers' Liability

The volunteers themselves may also be personally liable for injuries to third parties caused by the volunteers' negligence. The volunteers may be covered by insurance policies of the organizations or personal insurance policies. Injured parties are likely to bring an action against both the volunteer and the organization but look to the organization for a "deep pocket" for recovery for their injuries.

Volunteer Protection Legislation

The usual rules of liability for injuries to third parties are now being changed in a number of states by volunteer protection legislation. At one time, charitable organizations were immune from liability under the theory of "charitable immunity." Among the rationales for that immunity were that the organizations were doing good in the society and should not be held liable and that charitable organizations may not have the resources to pay judgments and still serve their communities. That doctrine has now been largely abolished, with the result that volunteers and organizations can be liable under the principles outlined above.

However, several years ago a liability insurance "crisis" arose, and the cost of liability insurance premiums for many nonprofits skyrocketed. State legislatures responded by enacting volunteer protection statutes and other special legislation.

Some 35 states have now passed statutes which modify the usual liability rules in order to provide some more protection for volunteers and/or nonprofit organizations. These statutes change the common law rules of liability in significant ways but can only be understood in the context of those traditional rules. For example, some statues prevent the injured party from recovering if the volunteer was merely negligent and require the injured party to show that the volunteer acted with gross negligence or intent to harm. Some statutes provide a degree of immunity for certain categories of volunteers. The statutes vary in the extent to which they apply only to volunteers or also apply to organizations for which the volunteers work. Some statutes place limits on the dollar amount of the organization's liability or limit the organization's liability to the extent of insurance coverage.

WHAT HAPPENS IF A VOLUNTEER IS INJURED?

The liability issues when a volunteer gets injured while working also involve the concept of negligence. In general, the organization may be liable to the volunteer if

the injury was the result of the negligence of the organization. In order to recover on that theory, the volunteer would need to prove that the organization in fact deviated from the required standard of care and that that conduct caused the injury.

Some organizations ask volunteers to waive their right to sue the organization. Such waivers may not be given effect by courts and are held to very strict standards.

Certain categories of volunteers may be covered by state workers' compensation laws and their recovery for "on-the-job" injuries may be restricted by those laws. For example, the Pennsylvania Workers Compensation law applies to individuals who work for "valuable consideration." 77 P.S. § 22. A volunteer helping to build his church was held to receive "valuable consideration" because the work was a partial fulfillment of his tithe donations and therefore was covered by workers compensation, *Schreckengost v. Gospel Tabernacle*, 40 Wst. 241 (1959), *aff'd*, 188 Pa. Super. 652, 149 A.2d 542 (1959). In contrast, a court found that a hospital volunteer aide who received free meals in the hospital cafeteria during her shift and who received training was not receiving "valuable consideration" and was not covered by workers compensation. *Marcus v. Frankford Hospital*, 445 Pa. 206, 283 A.2d 69 (1971).

In order to illustrate the application of these various liability concepts, consider one particular example, that of a nature guide working in a park or recreation center giving nature walks. The various ways in which the volunteer's negligence could result in injury to some third party have been discussed along with the indicia of "right of control" which a court might examine. Organizations attempt to minimize these risks through "risk management." Risk management involves the identification of potential risks and the likelihood of their occurrence, the exploration of strategies to reduce or eliminate risk, and periodic assessments of whether the program is meeting the organization's needs.

For example, one of the ways in which a volunteer nature guide might be negligent and cause injury is by taking too many visitors on a hike. One guaranteed effective risk management strategy would be to limit the number of visitors each guide may take to just one or two. That would have a great cost, because fewer people could go on the hikes. The complex but necessary process of evaluating risks and their costs must take place and the agency must arrive at some comprehensive risk management strategy.

OTHER LEGAL ISSUES RELATING TO VOLUNTEERS

Contract issues may arise in the context of agency law. A volunteer may be an "agent" of the organization who can bind the organization to a contract. Contract issues are also implicated when an organization and volunteer enter into a contract, agreeing upon conditions of the volunteer's service.

There are potential discrimination and civil rights issues in the hiring and firing of volunteers. For example, a volunteer firefighter alleged in a lawsuit that the fire company violated his free speech rights when it terminated him after he complained about alleged discrimination (the fire company would not allow his wife to join), and the fire company's motion for judgment before trial was denied. *Donahue v. Windsor Locks Board of Fire Commissioners*, 834 F.2d 54 (2d Cir. 1984). *See also Janusaitis v. Middlebury Volunteer Fire Department*, 607 F.2d 17 (2d Cir. 1979) (volunteer's suspension after criticizing fire company was valid exercise of state's interest as employer).

The Fair Labor Standards Act, 29 U.S.C. § 201 *et seq.*, may also be implicated if salaried employees do volunteer work (on their own time) for the organizations for which they work. Such employees/volunteers might be entitled to overtime pay in some circumstances.

CONCLUSION

In conclusion, volunteer administrators must know the answers to several critical questions, including: (1) whom can I call for legal advice relating to our work with volunteers? (2) What is the extent of our organization's liability coverage for torts of volunteers? (3) What is the current law in our state on liability for acts of volunteers? (4) Is volunteer protection legislation currently in effect or proposed?

People with Disadvantages:
A Source for Innovative Recruitment

Lawrence A. Zimmer

INTRODUCTION

How many administrators of volunteer programs represent agencies that deal with people suffering from specific diseases or conditions, i.e., multiple sclerosis, cerebral palsy, blindness, alcoholism, etc.? How many allow these same people to become program volunteers? In fact, how many have volunteers with any type of disadvantage? Examining one's own attitudes is not meant to produce guilt feelings, but may help to indicate where one is in order to go on from there.

In relation to disadvantages, the biggest barriers to be overcome before exploring the potentials awaiting the programs are internal. These barriers prevent thinking creatively to solve problems that separate most people from "those people" who have disadvantages. Inner barriers result from negative expectations often based on myths and fears—fears based on the consciousness of how frail all people are. That car coming down the road may be operated by a drunk who can turn me into a paraplegic; but, if I don't deal with a paraplegic person, I won't have to think about it ever happening to me. Many tell their children that they can't be like the ostrich with its head in the ground and that they must learn to face life. Yet, all do their best not to face their own frailty.

WHAT IS A DISADVANTAGE?

The author has chosen the word "disadvantage" rather than handicap or disability or some other word because of his belief that all people have some disadvantage, probably more than one. Most are willing to admit to a disadvantage, even to compete with one another about their number and severity. Take, for example, a conversation recently overheard: "My back is bad and my legs hurt because my feet are so flat." "That's nothing, I can hardly get out of bed in the morning because I'm so stiff with arthritis, and I can't see across the room until I find my glasses."

Using this conversation as a guide for what might be considered a disadvantage, it would be possible to make a very long list of potential disadvantages from which all could select a number which would fit them.

Once reaching the conclusion that almost all have some sort of disadvantage, how is it possible to manage to survive and run society? People compensate and accommodate. They wear glasses, knee braces, arch supports; they're careful about how much they lift, how much they eat, what they eat; sometimes people even ask for help to accomplish a task that may be a bit too much for them. They manage to get through the day and control the environment through the use of gadgets, self reliance, and, sometimes, a little help.

Therefore, using this word with the above understanding, a "disadvantage" becomes a matter of degree. A wheelchair becomes a tool as does a pair of glasses; an ex-athlete with bad knees has a condition needing awareness as does the epileptic;

the asthmatic has a lung disease that requires some knowledge and understanding as does the alcoholic. Yet, all of these *people* can be great volunteers.

CREATIVITY

The author's volunteer program has been able to take some interesting situations and problems and turn them into some very workable programs. This didn't happen because of a wondrous fountain of creativity or unusual sensitivity. As often happens, a change in attitude happened more by accident than anything else.

The New York State Library for the Blind and Visually Handicapped is a Regional Library serving the upstate 55 counties of New York. It's part of a program coordinated by the National Library Service for the Blind and Physically Handicapped, a division of the Library of Congress, and is also a unit of the New York State Library. The Library provides free braille and recorded books, magazines, and other library services to any individual who cannot use printed material.

The Coordinator of Volunteer Services interviews all prospective volunteers. One day, he was introduced to a totally blind young woman who wanted to volunteer. After the usual interview, struggling with his own internal barriers, he announced that there were currently no positions available for someone with her (considerable) abilities, but her application would be kept on file.

Rather than accepting the interviewer's inability to deal with her, this young lady made a statement that changed the way the program would operate from then on. She said, "Wait just a minute, this is *my* Library and I have a *right* to volunteer here." After several seconds of internalized battle between his fears and her logic, the volunteer coordinator had to admit that she was correct. The Library was confronted with adapting the program to accommodate her disadvantage. It turned out to be very little accommodation on its part, and she became a valuable member of the team. Even more importantly, she established that there were many individuals who wanted the *right* to volunteer but weren't being asked.

With increased emphasis being placed on volunteerism and increased competition among programs for volunteers, new directions need to be examined. The days of the stereotypical portrait of the perfect volunteer—the housewife with the school age children seeking to occupy spare time with good works—are gone. Program administrators need to approach volunteer recruitment and the use of volunteers with more creativity.

EXAMPLES

Stop looking for the "perfect" volunteer. In spite of some claims, nobody's perfect. It may be necessary to accommodate, adjust, go an extra mile, but help for the program is out there. Don't overlook or underestimate the disadvantaged.

The Library is fortunate to have some of the residents of Maplewood Manor, a county infirmary, as volunteers. These senior citizens are institution-bound and have a variety of disadvantages, yet they perform many needed tasks. With some assistance (accommodation) from the Maplewood staff, they stick address labels on posters that will be sent all over the state to publicize the Library and its services or stamp our return address on pamphlets for distribution. They also stuff and address bulk mailings for the Library.

Volunteers from an Association for the Blind inspect and test records for flaws and take the damaged ones out of circulation. These volunteers come from a work adjustment program and volunteer along with their instructor. The instructor is teaching them how to adjust and accommodate to a work situation. The Library provides a realistic task and training site.

Be creative!! Accommodate! The Library recently received a call from an intelligent eager-to-help young woman who had been hit by a car and couldn't go to her job or come to the Library to volunteer because she was able to sit for only very short periods of time. The Library was able to take a variety of tasks to her. She was willing to hand-address form letters from a computerized list—adding a nice personal touch to a pedestrian task. She felt useful again and happy. The Library was delighted!

The Library has 38,000 "talking book"

playback machines in circulation. Like all technical equipment, these machines break down and require repair—about 4,000 each year. The Senior Elfuns (a group of retired General Electric managers, engineers, and technicians) voluntarily repair about 100 machines each week so that they can be returned to borrowers. Although some of the Elfuns are hearing impaired, they use oscilloscopes and testing devices to assure quality control.

CONCLUSION

In the case of the infirmary, the Library needed to find a way to get materials to and from the volunteers. Once this difficulty was overcome by finding a vehicle to borrow, the Library was able to present the volunteers with huge, "piece-work" types of tasks which would have otherwise been impossible to complete.

These experiences, which are just in their genesis, have taught those running the program to be open to different ways of viewing the volunteer program and traditional tasks. They have also taught that there are many more tasks which the volunteer program can accomplish with a bit of accommodation.

Flexibility will be the key to volunteer programs in the 1990s. If we are able to be flexible in dealing with the needs of volunteers, both individuals and cooperating agencies, and flexible in viewing traditional tasks, there is virtually no limit to the development and vitality available to programs. Additionally, by expanding programs, volunteer administrators will be instrumental in helping to change some fundamental attitudes toward people with disadvantages, permitting them to have the same right to volunteer as all the "perfect" people. Finally, this very manageable challenge in a program will provide an opportunity to use creativity and imagination—two important ingredients for helping to prevent "burnout."

THE JOURNAL OF VOLUNTEER ADMINISTRATION

GUIDELINES FOR SUBMITTING MANUSCRIPTS

I. CONTENT

A. THE JOURNAL OF VOLUNTEER ADMINISTRATION provides a forum for the exchange of ideas and the sharing of knowledge about volunteer administration. Articles may address practical concerns in the management of volunteer programs, philosophical issues in volunteerism, and significant applicable research.

B. Articles may focus on volunteering in *any* type of setting. In fact, THE JOURNAL encourages articles dealing with areas less-visible than the more traditional health, social services, and education settings. Also, manuscripts may cover both formal volunteering and informal volunteering (self-help, community organization, etc.) Models of volunteer programming may come from the voluntary sector, government-related agencies, or the business world.

C. Please note that this JOURNAL deals with *volunteerism*, not *voluntarism*. This is an important distinction. For clarification, here are some working definitions:

volunteerism: anything related to volunteers or volunteer programs, regardless of setting, funding base, etc. (so includes government-related volunteers)

voluntarism: refers to anything voluntary in our society, including religion; basically refers to *voluntary agencies* (with volunteer boards and private funding)—and voluntary agencies do *not* always utilize volunteers.

Our readership and focus is concerned with anything regarding *volunteers*. A general article about, for example, changes in Federal funding patterns may be of value to executives of *voluntary agencies*, but not to administrators of *volunteer programs* necessarily. If this distinction is still unclear, feel free to inquire further and we will attempt to categorize your manuscript subject for you.

D. THE JOURNAL is seeking articles with a "timeliness" quality. Press releases or articles simply describing a new program are not sufficient. We want to go beyond "show and tell" to deal with substantive questions such as:

— why was the program initiated in the first place? what obstacles had to be overcome?

—what advice would the author give to others attempting a similar program?

— what might the author do differently if given a second chance?

— what might need adaptation if the program were duplicated elsewhere?

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II. PROCEDURE

A. The author must sent three (3) copies of the manuscript to:

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B. Manuscripts may be submitted at any time during the year, but the following are deadlines for consideration for publication in each issue:

for the *October* issue: manuscripts are due on the *15th of July*.

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for the *April* issue: manuscripts are due on the *15th of January*.

for the *July* issue: manuscripts are due on the *15th of April*.

C. With the three copies of the manuscript, authors must send the following:

1. a one-paragraph biography, highlighting the author's background in volunteerism;

2. a cover letter authorizing THE JOURNAL OF VOLUNTEER ADMINISTRATION to publish the submitted article, if found acceptable.

3. mailing address(es) and telephone number(s) for each author credited.

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1. Authors will be notified in advance of publication of acceptance of their articles. THE JOURNAL retains the right to edit all manuscripts for basic writing and consistency control. Any need for extensive editing will be discussed with the author in advance. Published manuscripts will not be returned and will not be kept on file more than one year from publication.

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III. STYLE

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G. First person articles are acceptable, especially if the content of the article draws heavily upon the experiences of the author. This is a matter of personal choice for each author, but the style should be consistent throughout the article.

H. Authors are encouraged to use interior headings to aid the reader in keeping up with a lengthy article. This means breaking up the text at logical intervals with introductory "titles." Refer to issues of THE JOURNAL for sample headings.

I. Illustrations (photographs, artwork) will only be used in rare instances in which the illustrations are integral to the content of the article. Generally such artwork will not be accepted.

J. Figures and charts should be submitted only when absolutely necessary to the text of the manuscript. Because of the difficulty we have in typesetting figures and charts, authors are requested to submit such pieces in *camera-ready* form. Figures and charts will generally be placed at the end of an article.

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