Volunteer Program

Kodiak Women’s Resource & Crisis Center
<table>
<thead>
<tr>
<th>Revisions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Reviews:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

TABLE OF CONTENTS

History & Purpose
Volunteer Categories
   Policy & Procedures
   Volunteer Categories
   Client Service Volunteers
   Program Volunteers
   General Support Volunteers
Application Process
Background Checks
Confidentiality
   Policy & Procedures
   Confidentiality Agreement
   Client Confidentiality
   Volunteer Confidentiality
Recruitment
Crisis Line Volunteers
Volunteer Orientation
Volunteer Training
   Policy & Procedures
   Client Service Volunteers
   Program Volunteers & General Support Volunteers
Mandatory Reporting
Recognition
Bill of Rights
Performance Evaluations
File Management
Time Keeping
Program Reporting
Child Care
Court Ordered Community Service

Applications
   Basic Volunteer Application
   Extended Volunteer Application
   Court-Ordered Community Service Application

Forms
   Confidentiality Agreement
   Employee Self-Evaluation Form
   Employee Evaluation
   Supervisor Feedback Form
   Employee Plan of Improvement
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

VOLUNTEER PROGRAM HISTORY & PURPOSE

Kodiak Women’s Resource and Crisis Center (KWRCC) affirms that all persons have worth and skills which can be helpful to the Agency and encourage community support and investment.

KWRCC believes that our programs can survive only with the support of the persons and organizations of the community.

KWRCC seeks to promote a challenging experience and encouragement for personal growth for all volunteers willing to accept our agency’s Mission Statement.

Volunteers are a very integral part of our nonprofit agency. KWRCC began with an unpaid group of people dedicated to assisting victims of domestic violence and sexual assault. It was not until 1977 that the first part-time staff member was hired. Since then, the staff and services of KWRCC have greatly expanded. Never-the-less, volunteers still play a crucial role in our agency’s ability to operate and function. Without volunteers we would not be able to provide the wide range of services we currently offer to Kodiak Island Community.

Twice a year KWRCC offers training on family violence, crisis issues, crisis line response, sexual assault, and advocacy information to staff, volunteers, and the community through Kodiak College (UAA). Those interested in helping KWRCC are encouraged to attend these great training opportunities. The training is open to anyone who wishes to increase their awareness of family violence, the work KWRCC does, and to gain useful information to help others, or those seeking college credits.

Volunteers are needed in many different areas and projects. They may aid us in facility maintenance, office work, fundraising, special events, communication, and day to day functioning through service as Board of Directors or KWRCC Committee Members. The possibilities are vast and vary! We encourage volunteers to provide their ideas and input in making KWRCC even better and work to implement improvements.

KWRCC plays an important role in the lives of people in the Kodiak Island Community. With the valuable help of volunteers, we can continue to maintain and provide programs and services to Victims of Domestic Violence and Sexual Assault and their families.
Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) categorizes volunteers into three (3) different groups for the purposes of appropriate volunteer resource management, training needs, and securing the required background and criminal history information as is mandated by grant regulations and in compliance with state and federal law.

Procedures:
1. The Outreach Coordinator under the supervision of the Executive Director will determine the categorization of each volunteer applicant based on the level of contact or non-contact with KWRCC Clients and/or their children.
   a. Categorization of volunteers is fluid and requires constant re-evaluation of individuals and their provided services so that appropriate documentation is obtained and maintained by KWRCC.

Volunteer Categories:
1. The following categories have been established for managing agency volunteers:
   a. Client Service Volunteers
   b. Program Volunteers
   c. General Support Volunteers

Client Service Volunteers:
1. Client Service Volunteers provide KWRCC direct services for established clients and members of the community.
2. Client Service Volunteers include but are not limited to:
   a. Crisis Line Volunteers
   b. Volunteers providing direct clients services without the immediate supervision of employed KWRCC Staff (i.e. Support Group Facilitators, Presenters not otherwise affiliated or employed with a partner organization or agency, volunteer advocates)
3. Client Service Volunteers are required to have:
   a. 40 hours of KWRCC Advocacy Training or documentation of equivalent relevant training
   b. Ongoing biannual training
   c. safeTALK or documentation of equivalent suicide prevention training
   d. First Aid/ CPR/ AED training for onsite volunteers
   e. A criminal history report/ background check
   f. An annual performance evaluation
Program Volunteers:

1. Program Volunteers provide KWRCC with added support for agency programs, trainings, fundraisers, special events, etc.
   a. Support includes but is not limited to program or event:
      - Preparation and cleanup
      - Participation

General Support Volunteers:

1. General Support Volunteers provide supplemental support services to KWRCC for the general functioning, maintenance, and upkeep of the agency.
   a. Support includes but is not limited to:
      - Facility maintenance
      - Property upkeep
      - Cleaning
      - Donation sorting
      - Office Support
APPLICATION PROCESS

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) shall provide a volunteer application process in compliance with grant regulations and state and federal law.

Procedures:
1. KWRCC shall provide a two (2) part Board of Director approved application consisting of:
   a. A BASIC application for ALL volunteer applicants that obtain the following information:
      i. basic name
      ii. contact information
      iii. desired areas or tasks to provide services for
      iv. licenses or certifications they may want to share
      v. a volunteer signature
   b. An EXTENDED application for Client Service Volunteers to complete that obtain the following information:
      i. full legal name and other names know by
      ii. birth date
      iii. criminal history information
      iv. child abuse and neglect questions
      v. employment history
      vi. military service
      vii. three (3) personal or professional references
      viii. Notification that criminal history/ background check fees are the responsibility of the volunteer applicant.
      ix. a statement that the volunteer applicant signs acknowledging that a criminal history/background check will be completed and that they have not knowingly provided any false or misrepresented information.

2. The current board approved volunteer application and associated documents shall be provided to the community through:
   a. Outreach and special events
   b. The KWRCC website
   c. In person interaction in the shelter and administration building

3. The Outreach Coordinator is responsible, under the supervision of the Executive Director, to:
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

a. accept and process all volunteer applications
b. make appropriate background inquiries as necessary
c. collect other necessary documentation such as confidentiality agreements and identification

4. Initial review of all volunteer applications is conducted by the Outreach Coordinator.
   a. Applicants seeking to become General Support Volunteers and Program Volunteers can be accepted at the discretion of the Outreach Coordinator.
   b. Applicants seeking to become Client Service Volunteers shall be accepted with input from the Outreach Coordinator and all final determinations shall be made by the Executive Director or their designee.
Kodiak Women’s Resource and Crisis Center (KWRCC) shall conduct background checks on volunteer applicants in compliance with grant regulations and state and federal law.

Procedures:

1. The Executive Director is responsible for the assemblage of protocols and types of checks that are necessary to complete a satisfactory background check as required by grant regulations and state and federal law.

2. Background checks shall be performed and completed before any Client Service Volunteer is permitted to provide direct client-oriented services unsupervised by KWRCC Staff.

3. The Outreach Coordinator shall perform background checks for Client Service Volunteer applicants as directed by the Executive Director.
   a. Necessary information shall be provided by the Client Service Volunteer applicant as part of the application process.
   b. The Outreach Coordinator shall conduct the initial review of information and compile for a report to the Executive Director.
   c. The Executive Director, with input from the Outreach Coordinator, has the final determination of applicants to become KWRCC Client Service Volunteers.

4. Background checks are not required of Program Volunteers and General Support Volunteers unless the tasks they work on provide them with direct unsupervised access to clients and/or their children.

5. Background checks shall be renewed for Client Service Volunteers every five (5) years or as required by grant regulations and state and federal law.

6. Associated costs for criminal history reports and background checks are the financial responsibility of the volunteer applicant.
   a. As KWRCC is a 501c3 nonprofit agency, volunteer applicants are eligible to receive charitable in-kind donation receipts for background check/criminal history report fees.
   b. Volunteer applicants that have a background check/criminal history report conducted in the last 90 days may provide the full report to KWRCC in lieu of fees.
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

CONFIDENTIALITY

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) requires absolute confidentiality in order to meet the needs of safety and privacy of our clients. Confidentiality is of the highest priority and will be maintained at all times without exception.

Procedures:

Confidentiality Agreement
1. Volunteers shall sign and adhere to the current KWRCC Confidentiality Agreement in use by the agency for all visitor, employees, and clients.
2. Volunteers shall update signed confidentiality agreements every six (6) months or as required grant regulations and state and federal law.

Client Confidentiality
1. The Executive Director shall ensure that each volunteer has a current and signed agency confidentiality agreement on file prior to conducting volunteer services for KWRCC.
   a. The KWRCC Outreach Coordinator is tasked with the day to day responsibility of maintaining current and signed volunteer confidentiality agreements and management of those files.
2. All volunteers shall be fully informed by the Outreach Coordinator (or their designee) of the importance of maintaining confidentiality and the consequences of a breach in confidentiality up to and including termination of any volunteer opportunities with KWRCC.
   a. Volunteers shall be provided adequate training in various potential situations or circumstances that may constitute the need for confidentiality or how release of information could be a breach of confidentiality. *(i.e. taking photos, social media, technology scenarios, etc.)*

Volunteer Confidentiality
1. All KWRCC Volunteers can expect that their personal details and volunteer files will be treated with the same confidentiality and respect as KWRCC Personnel.
   a. Names, contact information, background checks, employment history, volunteer performance, education will be treated in a professional and confidential manner.
   b. Information will not be released without prior written and signed approval of the volunteer.
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

RECRUITMENT

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) shall recruit volunteers to assist with various aspects of agency functioning.

Procedures:
1. The Outreach Coordinator shall be the main point of contact for persons applying to volunteer their services with KWRCC.
   a. In the absence of the Outreach Coordinator or if the position becomes vacant the Executive Director shall be responsible to delegate the responsibility to alternative staff or appoint an acting Outreach Coordinator until such time as a permanent Outreach Coordinator can be employed.
2. Volunteers shall be recruited through the use of:
   • KWRCC Membership Form
   • Social Media
   • Website
   • Flyers, brochures, and special announcements
   • Regular KWRCC Newsletters
   • KWRCC Trainings
   • Special Events (i.e. fundraisers, outreach events, presentations)
3. Volunteers shall be recruited to serve in various areas including but not limited to:
   • Facility Maintenance
   • Janitorial/ Cleaning
   • Donation Room/ Clothing Bank
   • Gardening/ Yard Work/ Snow Removal
   • Fundraising/ Grants
   • Office Support
   • Outreach Events/ Programs
   • KWRCC Board of Directors or Committees
   • Crisis Line Volunteers
   • Direct Client Services (i.e. presentations, trainings, support groups)
4. All staff, current volunteers, current board members, committee members, and agency partners are encouraged to participate in the recruitment of KWRCC Volunteers.
   a. Staff should refer volunteer applicants to the Outreach Coordinator.
      i. In the absence of the Outreach Coordinator, staff will provide volunteer applicants with a volunteer application packet and referred to the appropriate staff member or acting Outreach Coordinator.
   b. Non-Staff should refer potential volunteers to the KWRCC Outreach Coordinator or to the KWRCC Administration Building for further assistance.
CRISIS LINE VOLUNTEERS

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) recruits Crisis Line Volunteers to respond to 24-hour Crisis Line calls as is necessary for the agency.

Procedures:
1. Crisis Line Volunteers work under the supervision and direction of the Outreach Coordinator.
2. A Crisis Line Manual is maintained and updated by KWRCC.
   a. The Crisis Line Manual includes:
      i. Policy and procedures
      ii. Resource information
      iii. Job description
      iv. Ongoing training and meeting requirements
      v. Scheduling
      vi. Reporting information
      vii. Contact and volunteer support information
   b. The Crisis Line Manual will be provided to Crisis Line Volunteers as well as KWRCC Staff immediately when updated by the Outreach Coordinator.
3. As Client Service Volunteers, Crisis Line Volunteers are required to have:
   a. 40 hours of KWRCC Advocacy Training or documentation of equivalent relevant training
   b. Ongoing biannual training
   c. safeTALK or documentation of equivalent suicide prevention training
   d. First Aid/ CPR/ AED training for onsite volunteers
   e. A criminal history report/ background check
   f. An annual performance evaluation
Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) shall provide orientation to volunteers of the philosophies and functions of the agency, provide orientation of the facilities, and the particular details of their volunteer tasks, duties, or programs.

Procedures:
1. The Outreach Coordinator under the supervision and direction of the Executive Director will provide:
   a. Tours of the facilities
   b. Introductions to staff and other volunteers
   c. Training information relevant to the volunteer’s position
   d. Basic information about the agency including our mission and goals

2. Orientation information can be provided to volunteers through
   a. The KWRCC website
   b. Brochures, flyers, and hand-outs
   c. Prepared volunteer orientation packets
   d. Face to face interactions

3. KWRCC Policy and Procedure Manuals will be made available upon request to volunteers through
   a. The KWRCC website
   b. Viewing manual hard copies in the KWRCC Administration Building
Kodiak Women's Resource & Crisis Center
VOLUNTEER PROGRAM

VOLUNTEER TRAINING

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) recognizes the importance and impact of viable ongoing volunteer training for the individual volunteer and the agency’s programs and services. Training programs are developed and implemented based on availability, appropriateness, need priorities, and budgetary limitations.

Procedures:
1. The Outreach Coordinator under the supervision of the Executive Director is responsible for the timely collection and dissemination of available training opportunities and associated information to all volunteers.
2. Selection of volunteers to receive training will be determined by the Executive Director with input and recommendations from the Outreach Coordinator.
   a. Selection criteria will be based and assessed on agency needs of effectiveness and efficiency as well as the individual needs of the volunteer and their skill development and improvement for the services they provide our clients, staff, visitors/community members, and other volunteers.
   b. Budgetary limitations may allow/disallow training opportunities for volunteers when provided outside of the agency’s training resources and will be determined by the Executive Director.
3. Volunteer training records will be maintained and kept on file by the Outreach Coordinator under the supervision of the Executive Director.

Client Service Volunteers:
1. Client Service Volunteers which includes but is not limited to Crisis Line Volunteers and volunteers providing direct client services without the immediate supervision of employed KWRCC Staff are required to initially have forty (40) hours of domestic violence and sexual assault advocacy training through
   a. KWRCC’s Beginning and Advanced Advocacy Training Courses OR provide documentation of equivalent relevant training from other sources.
   b. safeTalk OR provide documentation of equivalent suicide prevention training.
2. Client Service Volunteers are required to participate in ongoing training opportunities provided by KWRCC as mandated by grant regulations and in compliance with state and federal law.

Program Volunteers and General Support Volunteers:
1. Both Program and General Support Volunteers are invited to and encouraged to participate in KWRCC Beginning and Advanced Advocacy Training.
2. Both Program and General Support Volunteers are invited to and encouraged to participate in other KWRCC Volunteer training opportunities.
3. Both Program and General Support Volunteers will be provided relevant instruction, supervision, and training as needed and as required for the task they are providing volunteer services for.
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

MANDATORY REPORTING

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) requires Client Service Volunteers (including Crisis Line Volunteers) to report suspected Child Abuse & Neglect or Vulnerable Adult Abuse & Neglect to the appropriate authorities.

Procedures:
1. The Client Service Volunteer shall inform the Executive Director or their designee when a report to the authorities is made and include the details of such reports.
2. The Outreach Coordinator under the supervision of the Executive Director shall provide training and instruction to Client Service Volunteers on reporting methods and requirements.
   a. Ongoing training shall:
      i. Be provided annually
      ii. Include state mandated reporter trainings (OCS, APS)
   b. Certification of completed trainings shall be kept on file with KWRCC in the Client Service Volunteer’s records.
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

RECOGNITION

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) values all agency volunteers and recognizes the importance of volunteers to the functioning of KWRCC. To encourage an environment of appreciation, volunteers will be acknowledged and recognized for their contributions.

Procedures:

1. Volunteers shall be extended an invitation to trainings, presentations, and workshops.
2. Volunteers shall be extended an invitation to special events including KWRCC’s Annual Membership Meetings.
3. With the volunteer’s permission, volunteers can be publicly acknowledged:
   a. During Special Events including KWRCC’s Annual Membership Meetings
   b. Through KWRCC’s regular newsletters
   c. Through social media and/or KWRCC’s website
4. Volunteers will privately be provided by staff with regular recognition and appreciation through the use of:
   • Face to face interactions with staff
   • “Thank You” cards and notes
   • Emails
   • Phone calls
   • Private messaging applications (i.e. Facebook Messenger, text messaging)
5. Annual Volunteer Appreciation & Recognition shall be conducted during the KWRCC Annual Membership Meeting.
   a. The Outreach Coordinator is responsible under the supervision of the Executive Director to organize and present a Volunteer Recognition Presentation for the Annual Membership Meeting.
   b. The presentation will include:
      • special volunteers who have gone above and beyond
      • all volunteers for their contributions regardless of how large or small
      • awards/ certificates of appreciation
      • notable volunteer information
      • further recruitment and volunteer opportunities for those in attendance
      • specific impacts of volunteer contributions for the past year
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

BILL OF RIGHTS

Kodiak Women’s Resource and Crisis Center KWRCC provides all volunteers the right to...

- Be treated as a co-worker and equal.
- Have all volunteer contact information and personal details confidential within the KWRCC agency.
- A suitable job, task, or project assignment with consideration for the personal reference, abilities, temperament, life experience, education or training, employment, and background.
- Learn and know KWRCC policies, procedures, programs with the exception of information that may be confidential or pose a safety risk.
- Obtain training for tasks and projects as needed, wanted, or required within the financial constraints of KWRCC.
  - Training that is thoughtfully planned and effectively presented.
  - Continuing education and training for greater responsibility.
- Sound guidance and direction from staff that is adequately trained, patient, well informed, thoughtful, with the time necessary to invest in providing volunteer guidance.
- A place to work and complete assigned tasks or projects conducive to the tasks or projects volunteering for.
- Be heard and have a part in planning with an environment that encourages and respects volunteer suggestions, recommendations, and opinions.
- Volunteer recognition in the form of evaluation, promotion, awards, employment references, and general and regular expressions of appreciation from staff.
Kodiak Women's Resource & Crisis Center

VOLUNTEER PROGRAM

PERFORMANCE EVALUATIONS

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) shall complete annual performance evaluations for Client Service Volunteers and initial performance evaluations consistent with staff evaluations as outlined in the KWRCC Personnel Manual or as grant regulations and state and federal law require.

Program Volunteer and General Support Volunteer performance evaluations shall be provided as necessary or when requested by the volunteer for future employment purposes within or out of KWRCC.

Procedures:
1. Volunteer performance evaluations are conducted by the Outreach Coordinator under the supervision of the Executive Director and with input from the Shelter Coordinator and other relevant staff.

2. The Outreach Coordinator shall utilize the current KWRCC Staff performance evaluation tools and forms including but not limited to the:
   a. Staff Performance Evaluation Form
   b. Supervisor Feedback Form
   c. Staff Self-Evaluation Form
   d. Plan of Improvement

   a. The volunteer and Outreach Coordinator will meet to go over their forms and feedback.
   b. The Performance Evaluation form shall be signed by the Outreach Coordinator or the Executive Director in the Outreach Coordinator’s absence. The volunteer shall also sign the form unless the volunteer plans to appeal the results to the Executive Director.

Client Service Volunteer Evaluations:
1. Client Service Volunteers shall have the right to appeal the results of their performance evaluation to the Executive Director if they do not agree with the determinations of the Outreach Coordinator with the input from the Shelter Coordinator and other relevant staff.
   a. Unsuccessful evaluations will result in a plan of improvement opportunity consistent with staff that identifies issues, provides retraining or additional training, and provides positive corrective steps the volunteer can take to improve their performance.
   b. Failure to successfully improve under the volunteer’s plan of improvement, shall result in a reassignment of duties and/or removal from providing direct unsupervised client services.

2. Client Service Volunteer performance evaluations will be conducted annually. The anniversary date will be established by the Executive Director (or their designee) and based on the date the volunteer begins providing client services unsupervised by KWRCC Staff.
Kodiak Women's Resource & Crisis Center
VOLUNTEER PROGRAM

FILE MANAGEMENT

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) shall create, update, and maintain secure records for each volunteer in compliance with grant regulations and state and federal law.

Procedures:
1. The Outreach Coordinator shall manage under the supervision of the Executive Director all records associated with KWRCC’s Volunteer Program.
2. The Outreach Coordinator shall create, update, and maintain a personnel type folder for each agency approved volunteer.
   a. **ALL** individual volunteer folders shall contain:
      i. A BASIC completed application *(see Volunteer Manual, Application Process)*
      ii. An updated confidentiality agreement *(see Volunteer Manual, Confidentiality)*
      iii. Monthly volunteer timesheet *(see Volunteer Manual, Time Keeping)*
      iv. Any completed training documentation
   b. Client Service Volunteers folders shall additionally contain:
      i. An EXTENDED completed application *(see Volunteer Manual, Application Process)*
      ii. Updated criminal history and background check documentation *(see Volunteer Manual, Background Checks)*
      iii. Completion documentation of KWRCC’s Beginning and Advanced Advocacy Trainings or other relevant KWRCC approved training documentation *(see Volunteer Manual, Volunteer Training)*
         1. Additional ongoing training history as required by grant regulations and state and federal law.
      iv. Annual performance evaluation documentation *(see Volunteer Manual, Performance Evaluations)*
3. All KWRCC volunteer applications and approved applicant files, shall be handled equivalent to those of KWRCC personnel files.
   a. Files and the contents therein shall be kept in a locked secured location on the KWRCC premises.
   b. Volunteer personal detail information shall not be shared outside the agency without prior written approval from the volunteer. *(email included)*
4. KWRCC Volunteer files shall be kept on file as required by grant regulations and state and federal law or at least seven (7) years after the conclusion of a volunteer’s service to the agency, whichever is longer.
Kodiak Women's Resource & Crisis Center
VOLUNTEER PROGRAM

TIME KEEPING

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) shall document the time that volunteers provide services consistent with grant regulations and reporting requirements.

Procedures:
1. The Outreach Coordinator under the supervision of the Executive Director is responsible for ensuring time is kept for all volunteers. Staff shall be provided with:
   a. Sign In/ Out sheets
   b. Instructions on volunteer time keeping and protocols
2. The Outreach Coordinator shall keep time keeping records in the files of each volunteer.
3. All volunteers are required to sign in and out when arriving and leaving KWRCC property or special events.
   a. Signing in and out ensures accurate time keeping records for grant reporting or grant applications.
   b. Signing in and out is necessary for the safety all volunteers in the event of an emergency or other crisis situation on KWRCC premises.
Kodiak Women's Resource & Crisis Center  

VOLUNTEER PROGRAM  

PROGRAM REPORTING  

Policy:  
Kodiak Women’s Resource and Crisis Center (KWRCC) shall compile reports on general volunteer information such as total number of volunteers, total hours worked, type of work performed, etc. for both grant reporting and application purposes, effectiveness and workings of the KWRCC Volunteer Program for the decision-making processes of the KWRCC Board of Directors, and for state and federal reporting as necessary and required.

Procedures:  
1. The Executive Director shall compile reports quarterly or as required for all grantors and submit required reports per grant reporting regulations, purposes, and deadlines.
2. Make available copies of submitted grantor reports and grant applications to the KWRCC Board of Directors.
3. The Executive Director at the end of each fiscal year quarter shall compile a report for the KWRCC Board of Directors that shall include:
   a. Total number of volunteers for the quarter and year to date.
   b. Total number of new volunteers for the quarter and year to date.
   c. Total number of hours worked by volunteers for the quarter and year to date.
   d. Total dollar amount in equivalent labor.
   e. Type(s) of work performed by volunteers. Specific projects and tasks both in progress and completed.
   f. Upcoming projects and tasks needing to be completed and the volunteer services needed.
   g. Recruitment activities for the past quarter and planned activities for the upcoming quarter.
4. The Outreach Coordinator under the supervision of the Executive Director shall supply necessary statistical information on KWRCC’s Volunteer Program for the completion of necessary reports.
Child Care

Policy:
Kodiak Women’s Resource and Crisis Center (KWRCC) does not provide child care for KWRCC volunteers.

Procedures:
1. All volunteers are encouraged to arrange for child care outside of KWRCC. Given the issues and situations surrounding our agency and mission, it is best for children who are not the children of clients to remain at home or have alternative care arrangements off KWRCC property.

2. Volunteers providing services in our Shelter Facility may not bring children due to safety and confidentiality issues.
   a. Children cannot enter into legal confidentiality agreements and pose a potential breach of our clients’ privacy and safety, however innocent and unintentional.
   b. EXCEPTION: Children one (1) year old or younger that are non-verbal and not mobile (crawling, walking) may accompany a parent while volunteering inside the Shelter Facility at the discretion of the Executive Director or their designee.

3. Volunteers providing services in our Administration Building or on the premises of KWRCC such as driveways, yards, garage, shed, etc. may bring children while volunteering at the discretion of the Executive Director or their designee.

4. Volunteers providing services for outreach or special events are always welcome to have their children accompany them and participate in child appropriate activities.
   a. We encourage volunteers to consider the content of an event and determine if it is appropriate for children and what ages. If unsure, we encourage volunteers to ask KWRCC Staff for clarification and more information.

5. Volunteers are responsible for the care and supervision of their own children. Failure to care for and/or supervise may result in the volunteer being asked to take the child home and return at an alternative time.
   a. Volunteers should note that KWRCC Staff are required by Alaska State Law to report suspected child abuse and/or neglect. Anything a Volunteer or Volunteer’s child says or does that would lead our Staff to suspect child abuse or neglect must be reported to the Office of Children’s Services (OCS) for investigation. Any time a report must be made by Staff to OCS, the Volunteer will be informed.

6. Physical punishment of children is not permitted on KWRCC premises or special events. Includes but is not limited to: spanking, slapping, hitting fingers, or threats of violence.

7. Children under 12 years of age may NOT be left unattended.

8. Volunteers are responsible for the cleanup after children who accompanied them while providing volunteer services.
General:
Kodiak Women's Resource and Crisis Center (KWRCC) offers community service opportunities for individuals with court mandated services hours on a case by case basis. We reserve the right to deny any court-ordered individual the opportunity to volunteer with KWRCC based on the nature, type, and/or specific offense. However, it is also the policy of this agency to provide equal opportunity without regard to race, religion or creed, marital status, sexual preference, gender or gender identity, age or disability, or any other discriminating factor.

Duties were assumed by the Program Coordinator, now titled Outreach Services Coordinator who is primarily responsible for Local and Rural Community Education and Outreach. KWRCC has historically enjoyed a large volunteer base. Volunteers have contributed to both the crisis (direct client services) and non-crisis (support) program components.

Application & Approval Process:

Application

- KWRCC provides a dedicated Court Ordered Community Service application.
- Applicants will complete all fields of application in order to be considered for community service opportunities with KWRCC.
- Applications will be submitted in person to KWRCC.
- Applicants are required to provide KWRCC written documentation from the court, probation officer, and/or their attorney stating the number of hours they are required to work and by what date, as well as the specifics of the offense.

Application Review

- Application Review will be conducted within 5 business days and will include:
  - General interview of the applicant
  - Contacting references
  - Reviewing offense information
  - Conducting a background check via State of Alaska public court records and any other legal means available to the agency.
  - Contacting the probation officer or other court related officials/personnel for verification of information and to help determine the suitability of the applicant for fulfilling their community service with KWRCC given the nature of our agency.
Kodiak Women’s Resource and Crisis Center

VOLUNTEER PROGRAM

• Initial review of the application for community service will be conducted by the KWRCC Outreach Coordinator.

• Based on the results from the initial review, final review and approval will be at the discretion of the KWRCC Executive Director (or their designee).

Approval

• Based on the results from the initial review, final review and approval will be at the discretion of the KWRCC Executive Director (or their designee).

• Approved applicants must submit the following documentation via fax, mail, email, or in person before your first community service day:
  
  o Paperwork from the probation officer, court, or attorney stating the:
    
    ▪ Applicants name
    ▪ Specific offense(s) committed
    ▪ Number of hours required
    ▪ Time limit to complete court ordered hours
    ▪ The name and contact information of the probation officer and/or attorney.

Fulfillment of Community Service:

Documenting Time

• The community service worker is responsible for providing the necessary documentation from the court or probation officer for recording/logging their community service time.

• The community service worker is responsible for signing in and out to log their hours with the Outreach Coordinator (or her designee) as well as what activities the applicant completed for the day or time worked.

• Taking breaks of more than 5 minutes to - eat, smoke, or make a phone call, etc. – require that the community service worker sign out and back in of their hours log.

Confidentiality

• Community service workers agree to and are required to sign a KWRCC Confidentiality Agreement. Breaches of confidentiality will result in immediate termination of KWRCC Community Service opportunities for the community service worker and ineligibility for future KWRCC Community Service and volunteer opportunities.

• KWRCC respects the confidentiality and privacy of all of our clients, staff, volunteers, and community service workers. Staff will make all reasonable efforts to protect the confidentiality of community service workers.
Kodiak Women’s Resource and Crisis Center

VOLUNTEER PROGRAM

KWRCC Work Requirements

- KWRCC will consider applicants abilities, talents, desired work, etc., however the agency will also consider the tasks and work lists of the agency and our work needing to be done.
  - Community service applicants are provided an opportunity in the application process to indicate the types of work they are interested in or desire doing. (*i.e.* gardening/yardwork, donation room, facility maintenance, janitorial/cleaning, etc.)
  - Tasks offered to community service workers to fulfill their required hours that are refused may result in termination of community service with KWRCC.
- Community service workers are expected to work diligently during their period of service.
- KWRCC will provide staff supervision as necessary.

Scheduling

- Community service hours will be scheduled with the Outreach Coordinator (*or their designee*).
- Hours will be scheduled with one (1) weeks’ notice at a minimum.
- Cancellations should be made with 24 hours advanced notice.
  - Three (3) cancellations for a community service period may result in termination of community service with KWRCC.
- Although rare, cancellations made by KWRCC may occur with little or no notice due to the nature of our agency and the services we provide.

Completion of Hours

- At the completion of the court mandated community service, the worker will be provided a copy of the work log.
- The court mandated work log will be submitted by KWRCC staff directly to the probation officer, court, or attorney directly via fax, email, or mail within two (2) weeks of completion of the service period.
- Documentation of court mandated community service will remain on file with KWRCC for a period of seven (7) years.

Termination of Community Service

- If at any time it is determined by KWRCC staff that the community service worker poses a safety concern to clients or their children, staff, volunteers, or other visitors, the staff will notify the Executive Director. The Executive Director (*or their designee*) will make final determinations.
  - In the event of a safety issue, the community service worker will be released from their community service commitment with KWRCC.
- KWRCC reserves the right to release any community service worker from their community service work commitment with KWRCC at any time without notice. Reasons for dismissal include but are not limited to:
Kodiak Women’s Resource and Crisis Center

VOLUNTEER PROGRAM

- Any time it is determined that the community service worker is not fulfilling their court mandated work obligation.
- Breaches of confidentiality.
- Conflicts of interest.
- Inability to appropriately interact with staff, volunteers, and other visitors. Community service workers are expected to behave in a respectful, pleasant, appropriate manner at all times.
- Failure to show for work or give proper notification of need to reschedule.
- Causing intentional damage to KWRCC property or premises.

- In the event KWRCC terminates community service with a worker, the probation officer, court, and/or attorney will be notified by KWRCC staff of the termination.

Additional Information

- Court mandated community service is the responsibility of the applicant/worker.
- Community service workers are encouraged to plan ahead and make sure to have enough time to fulfill the obligation. Our priority is the shelter, care, and services of our clients.
Kodiak Women's Resource and Crisis Center (KWRCC) is committed to providing quality volunteers, volunteer opportunities, and volunteer services. This application will assist us in determining where and how a volunteer applicant is best utilized by our agency. This application will not be used for limiting or excluding any volunteer applicant from consideration on a basis prohibited by local, state, or federal law.

Please fill out and circle options in all of the sections below:

I. APPLICANT INFORMATION:

Name: ____________________________________________
Address: __________________________________________
City, State and Zip Code: _____________________________
Phone Number: ____________________________________
Email Address: ____________________________________

Date of Application: _____ / _____ / ______

II. VOLUNTEER OPPORTUNITIES:

How did you hear about KWRCC?  
Friend  Newsletter  Social Media  Website  Radio  Outreach Event  
Employee  Partner Agency/Organization  Other: _____________________________

What days are you available for volunteering?  
Sun  Mon  Tue  Wed  Thu  Fri  Sat
What hours are you available for volunteering?  
Morning  Afternoon  Evening  Night

How would you like to volunteer with KWRCC? Please circle everything you are interested in.
Facility Maintenance  Gardening/ Yard Work  Janitorial/ Cleaning  Clothing/ Donation Room
Fundraising/ Grants  Office Support  Outreach Events/ Programs
Serving on the KWRCC Board or a Committee (NOTE: requires an additional application and appointment process)
Crisis Line Volunteer  (NOTE: requires additional application information and background check)
Presentations, Groups  (NOTE: requires additional application information and background check)
Other: ____________________________________________

III. SKILLS/QUALIFICATIONS:

Please list below any skills and/or qualifications you possess that could be an asset to or utilized by KWRCC:

________________________________________________________________________________________
IV. PERSONAL INFORMATION:

Are you:  Male  Female  Other

Are you 18 years of age or older?  Yes  No

How long have you lived in Alaska?  ________________  In Kodiak?  ________________

Have you ever applied to volunteer for KWRCC before?  If yes, when?  Yes  No

Do you have any friends, relatives, or acquaintances employed with or volunteering for KWRCC?  Yes  No

If yes, state name & relationship to you:

Do you have any condition(s) which would require accommodations?  Yes  No

If yes, please describe accommodations you would need below.

V. ADDITIONAL INFORMATION:

Do you have a valid Alaska driver’s license?  Yes  No

Or other valid state license?  ________________________

Professional Licenses, Certifications, or Registrations

__________________________________________________________

Additional skills including supervision skills, other languages or information you wish to bring to our attention.

__________________________________________________________

Applicant Signature:  ________________________________  Date:  ___________________

Please return to:

Kodiak Women's Resource and Crisis Center
422 Hillside Drive or 418 Hillside Drive
Kodiak, Alaska 99615
Attn: Outreach Coordinator
NOTE: Grant Regulations require that Kodiak Women’s Resource and Crisis Center (KWRCC) conduct background checks on any volunteers who will come into contact with or provide direct services to our clients and/or their children.

Please fill out and circle options in all of the sections below:

I. APPLICANT INFORMATION:  

Date of Application: _____/_____/_______

Name: _____________________________________________________________  Date of Birth: _____/_____/_______

Provide Full Legal Name

Maiden Name or Other Names Used: __________________________________________________________

II. CHILD ABUSE/NEGLECT

Have you ever had a child for whom you were legally responsible (natural, foster child, or adopted) removed from your home or care by the State of Alaska or a child welfare agency in another state, after protective services investigation of possible abuse and/or neglect of the child?

Yes  No

If yes, what was the child’s name(s)? ______________________________________________________

When and where did this occur? _________________________________________________________

Has a child for whom you were legally responsible (natural, foster child, or adopted) ever received ongoing protective services in your home or while in your care from the State of Alaska or a child welfare agency in another state after protective services investigation of possible abuse and/or neglect?

Yes  No

If yes, what was the child’s name(s)? ______________________________________________________

When and where did this occur? _________________________________________________________
III. CRIMINAL HISTORY

* Have you ever been convicted of a violent criminal offense in Alaska or any other state? Yes No
(felony or misdemeanor)

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you currently charged with a felony or misdemeanor in Alaska or any other state? Yes No
(indictment or official complaint accepted by a district attorney)

If yes, please give details, including the type of charges:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

* Volunteer Applicant will be required to provide a criminal history report from Alaska State Troopers at applicant’s expense.

(Note: No volunteer applicant will be denied solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the volunteer position(s) applied for may, however, be considered.)

IV. EMPLOYMENT:

Current Employer Name:
Job Title:
Supervisor Name:
Employer Address:
City, State and Zip Code:
Employer Telephone:
Date Employed:

Previous Employer Name:
Job Title:
Supervisor Name:
Employer Address:
City, State and Zip Code:
Employer Telephone:
Dates Employed:
Reason for Leaving:
V. **MILITARY SERVICE:**
Have you served in the Military or other Uniformed Service? (If yes, please continue...) Yes No

- Current Status?
  - Active Duty
  - Reserve
  - Discharged
  - Retired

- Branch of Service? ______________________

What military skills do you possess that might be an asset for volunteering with KWRCC? (optional)

VI. **REFERENCES:**
Please provide three (3) personal or professional reference(s) below:

- Name: __________________________
  - Phone: (_____) ________
  - Email: _______________________
  - Occupation: ____________________
  - Address: _______________________

- Name: __________________________
  - Phone: (_____) ________
  - Email: _______________________
  - Occupation: ____________________
  - Address: _______________________

- Name: __________________________
  - Phone: (_____) ________
  - Email: _______________________
  - Occupation: ____________________
  - Address: _______________________

VII. **CERTIFICATION OF VOLUNTEER APPLICANT INFORMATION:**
I certify that the information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I hereby authorize Kodiak Women’s Resource and Crisis Center (KWRCC) to contact the persons listed as referenced and I understand KWRCC may contact others and at any time seek verification of any and all information contained above.

I hereby authorize KWRCC to conduct a Criminal History Check, FBI and/or State of Alaska as deemed necessary. I understand I may be required to submit a fingerprint card for the above stated purpose. I understand that any willful misrepresentation is cause for immediate denial of volunteer opportunities with KWRCC.

Applicant Signature: ___________________________ Date: ___________________________

Please return to:

Kodiak Women’s Resource and Crisis Center
422 Hillside Drive or 418 Hillside Drive
Kodiak, Alaska 99615
Attn: Outreach Coordinator
Kodiak Women’s Resource and Crisis Center (KWRCC) is committed to providing service opportunities for mandated community service. This application will assist us in determining where and how an applicant for community service is best utilized by our agency and if the applicant is an appropriate fit for community service with our agency.

Depending on the number of applicants we have at the time and how many hours you must complete, we may or may not be able to accommodate you immediately or at all.

When your hours are completed, inform our office staff and documentation will be faxed or emailed by our staff directly to your probation officer.

This application will not be used for limiting or excluding any community service applicant from consideration on a basis prohibited by local, state, or federal law.

- Allow Up To Five (5) Business Days For Application Processing

Please fill out and circle options in all of the sections below:

I. APPLICANT INFORMATION:

Name: ____________________________________________
Address: __________________________________________
City, State and Zip Code: ________________________________
Telephone Number: ____________________________________
Email Address: ________________________________________

Date of Application: /       /  Referred By: ________________________________

II. PROBATION INFORMATION:

For what were you convicted: __________________________________________
Was this a:  Felony  Misdemeanor  Are you currently on supervised probation?  Yes  No
How many community service hours are you required to complete? ________________________________
When are your community service hours required to be completed? /       /
Are you doing community service anywhere else?  If so, where?

III. PROBATION OFFICER or COURT INFORMATION: (if applicable)

Probation Officer, Case Worker, or Court Contact Name: ________________________________
Phone #: ________________________________  FAX #: ________________________________
Email Address: ________________________________
IV. SERVICE OPPORTUNITIES:

How did you hear about KWRCC?  
Friend Newsletter Social Media Website Radio Outreach Event Employee Partner Agency/Organization Other: __________________________

What days are you available for community service?  
Sun Mon Tue Wed Thu Fri Sat

What hours are you available for community service?  
Morning Afternoon Evening Night

How would you like to fulfill your community service with KWRCC?  
Please circle everything you are interested in.
Facility Maintenance Gardening/ Yard Work Janitorial/ Cleaning Clothing/ Donation Room Fundraising/ Grants Office Support Outreach Events/ Programs Presentations/ Groups Other: __________________________

V. PERSONAL INFORMATION:

Are you:  
Male Female Other

Are you 18 years of age or older?  
Yes No

How long have you lived in Alaska?  
__________________________

In Kodiak?  
__________________________

Have you ever applied to fulfill community service or volunteer for KWRCC before? If yes, when?  
Yes No

Do you have any condition(s) which would require accommodations?  
Yes No

If yes, please describe accommodations you would need below.  
____________________________________________________________________

VI. CRIMINAL HISTORY

Have you ever been convicted of any of the following offenses in Alaska or any other state?  
Yes No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>Sexual Assault/ Rape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manslaughter</td>
<td>Sexual Assault of a Minor/ Child Molestation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminally Negligent Homicide</td>
<td>Indecent Exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assault (any degree)</td>
<td>Contributing to the Delinquency of a Minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Burglary/ Theft/ Robbery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidnapping</td>
<td>Arson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child or Elder Abuse and/or Neglect</td>
<td>Animal Abuse and/or Neglect</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you currently charged with a felony or misdemeanor in Alaska or any other state?  
Yes No

(indictment or official complaint accepted by a district attorney)

If yes, please give details, including the type of charges:  
____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
VII. CERTIFICATION OF VOLUNTEER APPLICANT INFORMATION:

I certify that the information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I hereby authorize Kodiak Women’s Resource and Crisis Center (KWRCC) to contact the persons listed as referenced and I understand KWRCC may contact others and at any time seek verification of any and all information contained above.

I hereby authorize KWRCC to conduct a Criminal History Check, FBI and/or State of Alaska as deemed necessary and authorize KWRCC to communicate with my probation officer as necessary for the duration of my court ordered community service. I understand that any willful misrepresentation is cause for immediate denial of community service opportunities with KWRCC.

Applicant Signature: ________________________________ Date: ________________

Please Submit in Person To:

Kodiak Women’s Resource and Crisis Center
422 Hillside Drive or 418 Hillside Drive
Kodiak, Alaska 99615
Attn: Outreach Coordinator
Confidentiality Agreement

I understand that confidential information concerning other persons may become known to me during my association with Kodiak Women’s Resource and Crisis Center.

I recognize and support the Kodiak Women’s Resource and Crisis Center’s commitment to protecting the privacy of all persons. I understand that victims of violence seeking help may be further endangered and that all other persons associated with the Center may be endangered by breaks in confidentiality.

Therefore, I hereby agree to uphold the Confidentiality Policy and Procedures of Kodiak Women’s Resource and Crisis Center. Furthermore, I will not divulge any information of any nature regarding Kodiak Women’s Resource and Crisis Center clients or their families, staff, board members, or volunteers, which may come to my attention, nor will I seek to gain any such information through my association with the Kodiak Women’s Resource and Crisis Center.

I take full responsibility for any legal consequences of any breach of confidentiality.

_______________________________________________________  ________________________  
Signature                                                                                      Date

_______________________________________________________  ________________________  
Printed Name                                                                                   Date

_______________________________________________________  ________________________  
Witness                                                                                        Date

Board Approved 6/28/17
Employee Self Evaluation

Employee Name: ___________________________________________________________________________

Supervisor Name: ___________________________________________________________________________

DATE:

RE: Self-Evaluation Input

Please complete the questions listed below and return to your supervisor prior to your employee evaluation. As you complete the form, consider your own personal performance as it relates to your current job description and expectations for the review period.

1) Do you understand the requirements of your job? □ YES □ NO

2) What are your key job responsibilities?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

3) List the expectations for the employee evaluation period and assess how well you have succeeded in meeting each expectation.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
4) What changes in duties or priorities did you face during the employee evaluation period and how did you handle them?

_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________

5) What are your strengths *(the things you do well)* and how do you put them to use in your position?

_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________

6) List your abilities and/or skills that are not being utilized.

_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
7) List your most significant accomplishments or contributions during the past evaluation period? How do these achievements align with the goals/objectives outlined in your last employee evaluation period?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

8) What are your weaknesses (the things you don’t do so well) and how do they impact your job?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

9) In what areas of your job do you feel you need more development?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
10) What additional skills, knowledge, and/or training would help you perform your present job more effectively?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

11) What could your supervisor do to help you perform more effectively?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

12) What are your expectations for the coming evaluation period?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
13) How would you rate your overall performance for this review period?

☐ Excellent  ☐ Needs Immediate Improvements
☐ Proficient  ☐ Unsatisfactory
☐ Satisfactory  ☐ Other *(please explain below)*

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

14) OPTIONAL: Is there anything else you would like to add relevant to your employee evaluation?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Employee Name: ________________________________  Position: ________________________________

Hire Date: __________________________  Evaluation Date: ____________________________

INSTRUCTIONS:
Read each category and rating option carefully. Place the selected number (0-5), which in your opinion best describes the employee’s performance, in the column to the left. When all categories are rated the left column should then be totaled with all scores to reach the OVERALL EVALUATION SCORE.

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Unsatisfactory</th>
<th>Needs Immediate Improvement</th>
<th>Satisfactory</th>
<th>Proficient</th>
<th>Excellent</th>
<th>N/A</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point Value</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0-4</td>
<td></td>
</tr>
</tbody>
</table>

Documentation and plan of improvement REQUIRED.
Documentation and plan of improvement OPTIONAL.

Explanation and description of unsatisfactory performance.
Explanation and description of performance that needs improvement.
Explanation and description of performance that is satisfactory.
Explanation and description of performance that is proficient
Explanation and description of performance that is excellent.

This section is for categories that may not be applicable.
Place your selected number here.
<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Unsatisfactory</th>
<th>Needs Immediate Improvement</th>
<th>Satisfactory</th>
<th>Proficient</th>
<th>Excellent</th>
<th>N/A</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point Value</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>0-4</td>
</tr>
</tbody>
</table>

Documentation and plan of improvement REQUIRED. Documentation and plan of improvement OPTIONAL.

**CONFIDENTIALITY**
- Broke trust, privacy of necessary confidential work place, client, Board of Director, or organization information.
- Maintains absolute confidentiality of all necessary work place, client, Board of Director, and organization information.

**TIMELINESS**
- Very slow on all projects. Consistently misses deadlines.
- Slower than average on some projects. Sometimes misses deadlines.
- Turns out average amounts of work on all projects. Consistently meets deadlines.
- Exceeds expected time frames on some projects. Does more than expected on some projects.
- Does more work than expected on all projects. Maximizes the use of available work time.

**QUALITY & ACCURACY**
- Serious omissions of fact and substance.
- Work that falls short of acceptable standards; usually needs to be revised.
- Work is usually complete and meets acceptable standards.
- Work is well organized and within all acceptable standards.
- Work frequently exceeds requirements. Product reflects creativity and innovative thinking.

**ADAPTABILITY TO STRESS**
- Unable to preform adequately in other than routine situations.
- Performance declines under stress or in other than routine situations. Lacks flexibility.
- Performs well under stress or in unusual situations.
- Performance excellent even under pressure. Very stable and objective: dependable in difficult situations.
- Outstanding performance under extreme stress.

**INITIATIVE**
- Lacks initiative, needs constant prodding from supervisor to complete tasks.
- Sometimes requires supervisory push.
- Does what is assigned and is a self-starter.
- Asks for new assignments if caught up: assumes responsibility to get job done.
- Thinks and acts independently. Improves work effectiveness. Originates new ideas.
<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Unsatisfactory</th>
<th>Needs Immediate Improvement</th>
<th>Satisfactory</th>
<th>Proficient</th>
<th>Excellent</th>
<th>N/A</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Point Value</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0-4</td>
<td></td>
</tr>
<tr>
<td>[Documentation and plan of]</td>
<td>[Improvement REQUIRED.][2]</td>
<td>Documentation and plan of improvement OPTIONAL.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**FULFILLMENT OF WORKLOAD/</td>
<td>Frequently absent without regard to work load. Often reports to work not ready to be productive. Sometimes counts on others to complete their work.</td>
<td>Occasionally reports to work not ready to be productive. Sometimes counts on others to complete their work.</td>
<td>Consistently to work on time ready to be productive. Absences are prearranged.</td>
<td>Prearranges and schedules absences to minimize impact on the workload.</td>
<td>Dedicated to completing assigned work. Prearranges and schedules absences with regard to the workload.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTENDANCE &amp; ABSENTEEISM**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SAFETY</strong></td>
<td>Documented risky behavior without regard for others.</td>
<td>Occasional documented acts of thoughtlessness in the workplace which could lead to unsafe conditions.</td>
<td>Is consistently aware of safety in the workplace and considerate of one's own and other's safety in the workplace.</td>
<td>Displays and practices personal safety in the workplace and fosters safety in others.</td>
<td>Concern above and beyond the call of duty in promoting safety in the workplace.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PROFESSIONALISM</strong></td>
<td>Consistently acts in a non-professional manner on the job.</td>
<td>Occasionally acts in a non-professional manner.</td>
<td>Behaves in a professional manner at all times and conveys a professional image.</td>
<td>Encourages others to approach you regarding any work issue.</td>
<td>Graciously approaches any work to be done with enthusiasm and efficiency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNICATION</strong></td>
<td>Unable to express thoughts clearly. Product lacks organization.</td>
<td>Expresses thoughts satisfactorily on routine matters.</td>
<td>Usually organized and expresses thoughts clearly.</td>
<td>Consistently able to express ideas. Logically assigned complex projects.</td>
<td>Outstanding ability to communicate ideas to others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REPORTING</strong></td>
<td>Documentation is insufficient, inadequate or nonexistent.</td>
<td>Information is incomplete and late after multiple requests.</td>
<td>Follows procedures. Providing limited documentation to provide paper trail support of work done.</td>
<td>Provides documentation covering all requirements.</td>
<td>Provides complete and detailed documentation and explanations as required/requested for the job. Shares information with others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating Factor</td>
<td>Unsatisfactory</td>
<td>Needs Immediate Improvement</td>
<td>Satisfactory</td>
<td>Proficient</td>
<td>Excellent</td>
<td>N/A</td>
<td>Rating</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------</td>
<td>-----------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>-----------</td>
<td>-----</td>
<td>--------</td>
</tr>
<tr>
<td>Point Value</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0-4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documentation and plan of improvement REQUIRED.</td>
<td>Documentation and plan of improvement OPTIONAL.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERCEPTION/JUDGEMENT**

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Unsatisfactory</th>
<th>Needs Immediate Improvement</th>
<th>Satisfactory</th>
<th>Proficient</th>
<th>Excellent</th>
<th>N/A</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely identifies relevant issues; judgement not reliable.</td>
<td>Has difficulty identifying relevant issues; frequently does not show good judgement.</td>
<td>Usually identifies relevant issues; usually shows good judgement.</td>
<td>Consistently identifies relevant issues; shows good judgement in complex matters.</td>
<td>Identifies and interprets all issues and impacts with exceptional skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KNOWLEDGE OF WORK**

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Unsatisfactory</th>
<th>Needs Immediate Improvement</th>
<th>Satisfactory</th>
<th>Proficient</th>
<th>Excellent</th>
<th>N/A</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacks background knowledge to carry out job requirements.</td>
<td>Needs additional resources to apply to job requirements.</td>
<td>Has basic knowledge to carry out job requirements. Seeks opportunities for training and growth.</td>
<td>Applies a thorough knowledge and understanding of work to each task.</td>
<td>Continues to expand use of knowledge and understanding of work and applies to all duties, procedures, responsibilities to maximize efficiency with minimum supervision.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HUMAN RELATIONS/DEALING WITH PUBLIC & BOM**

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Unsatisfactory</th>
<th>Needs Immediate Improvement</th>
<th>Satisfactory</th>
<th>Proficient</th>
<th>Excellent</th>
<th>N/A</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCEPTANCE OF SUPERVISION</td>
<td>Fails to accept supervision. Is difficult, belligerent, and fails to perform tasks as instructed.</td>
<td>Occasionally rude. Frequently fails to perform as instructed.</td>
<td>Generally pleasant and performs as instructed with very little difficulty. Willing to compromise, good listening skills, respects others opinions, accepts constructive criticism, will put project on hold to help another in a crunch.</td>
<td>Pleasant, helpful and always performs as instructed.</td>
<td>Demonstrates outstanding interpersonal skills in working under supervision. Always helpful and goes far beyond expectations in both quality and timeliness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUNCTUALITY/RELIABILITY</td>
<td>Consistently late or no show.</td>
<td>Frequently late and/or leaves early.</td>
<td>Occasionally late. Consistently to work on time ready to be productive.</td>
<td>Rarely late. Plans ahead and is at work and in place ready to work at the appointed time.</td>
<td>Never late. Totally reliable, punctualy, and dependable without supervision.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERALL EVALUATION SCORES</th>
<th>Unsatisfactory</th>
<th>Needs Immediate Improvement</th>
<th>Satisfactory</th>
<th>Proficient</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point TOTAL</td>
<td>0-14</td>
<td>15-27</td>
<td>28-42</td>
<td>43-49</td>
<td>50-58</td>
</tr>
<tr>
<td></td>
<td>Plan of Improvement REQUIRED</td>
<td>Plan of Improvement REQUIRED</td>
<td>Plan of Improvement OPTIONAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUPERVISOR COMMENTS:

SUPERVISOR’S SIGNATURE:  DATE:  

EMPLOYEE COMMENTS:

EMPLOYEE’S SIGNATURE:  DATE:
Employee Name: ____________________________________________

Supervisor Name: ____________________________________________

DATE: ______________________________________

RE: Supervisor Feedback

Feedback is an important tool for future skill development, and therefore, KWRCC would like you to take a few minutes to provide performance feedback to your supervisor. Your feedback will give your supervisor information about his or her leadership skills, where they have strengths and where they may need to improve their leadership skills in regards to supervising KWRCC staff. This completed form will have no impact on your employment and/or employee evaluation, but will serve as another means of communication between you and your supervisor. This form should be given to your supervisor during the scheduled face-to-face employee evaluation meeting.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates to you knowledge of his/her job.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides you with good direction, guidance, and training.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is clear about his/her expectations of you and your work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addresses problems with you quickly and sensitively.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides opportunities for you to have input, questions, challenge, or express your doubts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulfills work related commitments to you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotes a respectful work atmosphere which results in positive morale and cooperation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delegates work appropriately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds you accountable for work production.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains composure and self-control.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summarize your supervisor's strengths and weaknesses as you currently view them and make suggestions for ways in which you and your supervisor can further improve. *(Attach additional sheets if necessary.)*

<table>
<thead>
<tr>
<th>Item</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledges his/her errors and corrects them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fosters inclusivity, diversity, and mutual respect.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds himself/herself accountable to the same policies and expectations that are required of you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is flexible and responsive to your changing needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calls attention to errors in a tactful manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes specific suggestions when you need them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When asked provides you with a clear rationale for suggestions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admits errors and/or limitations without undue defensiveness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can be reached in case of emergencies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will seek consultations with you when he/she has questions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listens to you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will be straightforward with you in regards to areas which you may need improvement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes decisions and takes responsibility for those decisions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summarize your supervisor's strengths and weaknesses as you currently view them and make suggestions for ways in which you and your supervisor can further improve. *(Attach additional sheets if necessary.)*
Employee Plan of Improvement

Employee Name: ___________________________________________________________________________

Supervisor Name: ___________________________________________________________________________

DATE: ___________________________________________________________________________________

RE: Plan of Improvement

The purpose of this Plan of Improvement is to define serious areas of concern, gaps in your work performance, reiterate KWRCC expectations, and allow you the opportunity to demonstrate improvement and commitment.

Areas of Concern: (Bullet point issues and how the employee’s lack of performance and/or behavior has affected local units, the public, and/or the Board of Directors, etc.)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Observations, Previous Discussions or Counseling: (Recap dates/times you have addressed the issues in the recent/relevant past. Reference previous documents when applicable.)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Step 1: Improvement Goals: These are the goals related to areas of concern to be improved and addressed:

<table>
<thead>
<tr>
<th>Goal #</th>
<th>Description of Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Step 2: Activity Goals: Listed below are activities that will help you reach each goal:

<table>
<thead>
<tr>
<th>Goal #</th>
<th>Activity</th>
<th>How to Accomplish</th>
<th>Projected Start Date</th>
<th>Projected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Step 3: Resources:** Listed below are resources available to you to complete your Improvement activities *(may include other people’s time or expertise, funds for training materials and activities, or time away from usual responsibilities.)*

<table>
<thead>
<tr>
<th>Goal #</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

*[OPTIONAL: This can be incorporated as part of Step 3: Resources, above]*

**Supervisor Support:** Listed below are ways in which your manager will support your Improvement activities.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Employee Plan of Improvement

CONFIDENTIAL

Step 4: Expectations: The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal:

<table>
<thead>
<tr>
<th>Performance Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Step 5: Progress Checkpoints: The following schedule will be used to evaluate your progress in meeting your Improvement activities.

<table>
<thead>
<tr>
<th>Goal #</th>
<th>Activity</th>
<th>Checkpoint Date</th>
<th>Type of Follow Up (memo/call/meeting)</th>
<th>Progress Expected/ Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Employee Plan of Improvement**

**CONFIDENTIAL**

**Follow-up Updates:** You will receive feedback on your progress according to the following schedule:

<table>
<thead>
<tr>
<th>Date Scheduled</th>
<th>Activity</th>
<th>Conducted By</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day Update Memo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-day Update Memo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-day Update Memo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-day Status Memo</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Timeline for Improvement, Consequences & Expectations:**

Effective immediately, you are placed on a *(circle one: 45 60 90)*-day Plan of Improvement. During this time, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations, or any display of gross misconduct will result in further disciplinary action, up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this Plan of Improvement, your employment may be terminated prior to *(circle one: 45 60 90)* days. Furthermore, failure to maintain performance expectations after the completion of the Plan of Improvement may result in additional disciplinary action up to and including termination.

The Plan of Improvement does not alter the employment-at-will relationship. Additionally, the contents of this Plan of Improvement are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with your supervisor.

We will meet again on _______/_________/________ as noted above to discuss your Plan of Improvement. Please schedule accordingly.
Employee Plan of Improvement

CONFIDENTIAL

Signatures:

Print Employee Name: _________________________________________________________

Employee Signature: __________________________________________________________

Date: ___________________________

Print Supervisor Name: _________________________________________________________

Supervisor Signature: _________________________________________________________

Date: ___________________________