

Indiana Foreclosure Prevention Network and Hardest Hit Fund

HoosierCorps 2011 Participant Manual

**Effective 3/1/11
Revised 6/11/12**

Indiana Housing and Community Development Authority
30 South Meridian Street; Suite 1000
Indianapolis, In 46204
1-877-GETHOPE
www.877GETHOPE.ORG



INDIANA FORECLOSURE PREVENTION NETWORK



INDIANA FORECLOSURE PREVENTION NETWORK

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Welcome to HoosierCorps

As a HoosierCorps volunteer, you will set an example of caring and community spirit that America needs.

Our country has difficult problems and big challenges—too many children are falling behind their classmates; many families don't feel safe in their own neighborhoods; and others can't afford decent housing or health care. During your term of service as a HoosierCorps volunteer, you won't solve these problems single-handedly—but you will play an important role in bringing communities together to help solve these and other problems.

You are carrying on an American tradition of service that dates back to our nation's founding more than 200 years ago. Americans have always found ways to help others and make our nation stronger—through military service, the Civilian Conservation Corps, the Peace Corps, and in other ways. You will join with the millions of Americans who have done what other generations of Americans have done before—taken an active role as citizens to make a difference for themselves and others. What happens next is up to you.

This guide is intended to describe HoosierCorps and your role in it, but your HoosierCorps experience will be what you make of it. Because you have made a commitment to serve, you are a role model for people of all ages in your community and across the country. Show others the importance of serving. Demonstrate what it means to be an active citizen. Uphold and pass on the ethic of service—by involving others in your service projects, telling people about your experience with HoosierCorps, and encouraging your friends to volunteer.

HoosierCorps is the name of the Hardest Hit Fund Volunteer Service Program (HHF VSP), and is one of the three types of structured activities HHF clients can select to comply with HHF guidelines. HoosierCorps allows HHF clients to volunteer by matching client skills, abilities, and interests with volunteer opportunities at non-profit organizations in their communities. HHF clients will be able to choose from a variety of volunteer opportunities by contacting one of several non-profit agencies in their community, where they will volunteer for 40 hours per month while receiving HHF benefits.

If you're a new HoosierCorps volunteer, but don't quite understand what HoosierCorps is, or how you fit in, this participant manual will serve as a starting place.



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Your Rights and Responsibilities

Like any group of individuals working together, HoosierCorps volunteers must follow certain rules and regulations in order to be effective. The rights and responsibilities listed below are merely illustrative, and your Volunteer Regional Administrator may identify others. Consult your volunteer agency's volunteer handbook for details.

RIGHTS

Participation in HoosierCorps and its programs and projects must be based on merit and equal opportunity for all, without regard to factors such as race, color, national origin, sex, sexual orientation, religion, age, disability, political affiliation, marital or parental status, military service, or religious, community, or social affiliations.

You have a right to reasonable accommodation for disabilities. Programs must furnish reasonable accommodations for the known physical and mental limitations of qualified HoosierCorps volunteers.

If you believe your rights have been violated, you may report such violations to the directors of your program, who must establish and maintain a procedure for filing and adjudicating certain grievances.

RESPONSIBILITIES

To retain HHF benefits, you must satisfactorily complete 40 hours per month of volunteer services as long as you are receiving benefits. Satisfactory service includes attendance, compliance with applicable rules, a positive attitude, quality service, and respect toward others in the program and in the community.

You will be asked to sign a contract stating your rights and responsibilities while in HoosierCorps. You must abide by this contract and follow the rules of your program. You may be suspended or terminated if you violate the stated rules of behavior, which could affect your ability to retain HHF benefits.

PROHIBITED ACTIVITIES

There are certain activities, including lobbying, political, or advocacy activities, that you may not perform as a HoosierCorps volunteer. Generally, you may not engage in any conduct that would associate HoosierCorps or the Hardest Hit Fund with any prohibited activity.



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As a HoosierCorps volunteer, you may not:

- engage in any effort to influence legislation, including state or local ballot initiatives or lobbying for your HoosierCorps volunteer agency;
- organize a letter-writing campaign to Congress;
- engage in partisan political activities or other activities designed to influence the outcome of an election to any public office;
- organize or take part in political demonstrations or rallies;
- organize or participate in protests, petitions, boycotts, or strikes;
- assist, promote, or deter union organizing; impair existing contracts for services or collective bargaining agreements; participate in, or endorse, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
- print politically charged articles in a HoosierCorps or HHF-funded newsletter;
- engage in religious instruction; conduct worship services;
- provide instruction as part of a program that includes mandatory religious instruction or worship or construct or operate facilities devoted to religious instruction or worship;
- maintain facilities primarily or inherently devoted to religious instruction or worship; or engage in any form of religious proselytization; or provide a direct benefit to a for-profit entity, a labor union, a partisan political organization, or, in general, an organization engaged in the religious activities described in the preceding bullet.

There are also several types of activities that your program may not assign to you, such as:

- activities that pose a significant risk to you or other participants;
- assignments that displace employees;
- internships with for-profit businesses as part of the education and training component of the program; and
- any of the prohibited activities mentioned above.

Like other private citizens, you may participate in the above-listed activities on your own time, at your own expense, and at your own initiative. However, you may not wear clothing or gear related to the agency where you are serving in such instances. You are expected to maintain a code of conduct and professional behavior at all times. Violations of this expectation could result in early termination or suspension.



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Organization Rights and Responsibilities

The organization has the **right** to:

- make decisions about appropriate placement of its volunteers
- review volunteer performance according to organizational policies and procedures
- expect volunteers to perform the given tasks to the best of their ability, be prompt and reliable
- expect from all volunteers, respect and courtesy towards all clients, paid and voluntary staff
- set the parameters and guidelines of the volunteer work positions
- release a volunteer who is not appropriate for the volunteer work.

The organization has a **responsibility** to:

- provide a clear outline of duties
- provide orientation and necessary training
- set clear lines of communication about complaints and conflict resolution procedures
- provide safe, healthy working conditions
- include volunteers in relevant decision making processes
- provide supervision and support
- provide emergency procedures guidelines
- provide required documentation relating to the volunteer work to be undertaken.

Beginning Your Volunteer Service

Volunteer Coordinator Information

You will be assigned a HoosierCorps Volunteer Regional Administrator based upon the location of your residence within the state of Indiana. Your Volunteer Regional Administrator will contact you within five (5) business days regarding your volunteer placement. If you have questions about your placement, your agency, or other issues; contact your Volunteer Regional Administrator first. A list of all Volunteer Regional Administrators and the counties they cover is available at <http://www.in.gov/ofbci/2328.htm> .



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Participation Agreement

You will need to sign the **HoosierCorps Participation Agreement** at the end of this Participation Manual and turn it in to your Volunteer Regional Administrator prior to your first day of volunteering. This Agreement states, among other things, that (1) you agree to adhere to all of the policies and guidelines contained within this manual, and (2) you will volunteer 40 hours per month while you are a participant in HoosierCorps.

When you meet with your Volunteer Regional Administrator, you should expect to attend an orientation about your volunteer opportunity which includes information on your rights and responsibilities as a volunteer, and rights and responsibilities of the non-profit organization where you are volunteering.

Criminal Background Checks

While the HHF program does not require background checks to receive benefits, some non-profit agencies do conduct background checks on volunteers who work with vulnerable populations: children younger than eighteen (18) years of age, persons aged fifty-five (55) and older, and/or persons with a mental or physical disability. If you are assigned to volunteer with vulnerable populations, you must agree to allow the organization to conduct a check of your background.

Enrollment Begins

Your enrollment date in Hoosier Corps begins in the month following your enrollment in the HHF program. If for some reason you experience an unforeseen and unavoidable delay in beginning your volunteer service, this may shorten the amount of time you have to complete your volunteer service requirement for HHF. In these cases, (and if the delay was through no fault of your own) you will need to work with your Volunteer Regional Administrator to remedy the situation. The Volunteer Regional Administrator will notify the appropriate agencies to make sure there is no interruption in assistance, if appropriate.

Keeping Track of Your Hours

You will be able to keep track of your volunteer hours electronically on the web using a program called "**OnCorps.**" (<http://www.inhhf.oncorpsreports.com>). The Volunteer Regional Administrator or the agency where you volunteer will provide you with the website information and a user account and password. There, you can login using your user ID and password, and enter your volunteer hours. Your Volunteer Regional Administrator or site supervisor will review and certify your hours.

If, for some reason, the web-based program is not available, you can submit your hours by using the manual **Volunteer Verification of Hours Form**. A copy of the form can be provided



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by your Volunteer Regional Administrator. Once you complete the form, return it to your site supervisor for signature. They can then forward the signed form on to your assigned Volunteer Regional Administrator.

HHF requires participants to periodically certify they have met the requirements of the program. To pass HHF recertification you will be required to provide approved OnCorps timesheets as documentation that you completed your 40 hours per month. Failure to do so may result in removal of HHF benefits.

Submitting Hours Late/Edit of Hours

Volunteer hours are submitted via the OnCorps website at least every two weeks. If you are not able to submit your hours by the deadline, let your site supervisor know. If you fail to have your volunteer hours certified, you will not receive credit and may jeopardize your qualification for HHF.

Changes in Placement or Supervisor

Change in Volunteer Placement

Let your Volunteer Regional Administrator know if your volunteer position has changed, and the VRA will ensure an updated position description is provided. Depending on the responsibilities of the new position, you may need to sign a new volunteer agreement; your Volunteer Regional Administrator will advise you through the process.

Change in Site Supervisor

Let your Volunteer Regional Administrator know as soon as possible if your site supervisor changes or it may delay verification of your volunteer hours. If the site supervisor will be temporarily* unable to approve timesheets, then the volunteer needs to discuss the situation with the VRA in order to ensure a process is in place for a temporary supervisor to approve the timesheets. If paper timesheets are used then the VRA may designate someone else at the site who will be able to temporarily verify your recorded hours and assume site supervisor responsibilities. Temporary site supervisors should sign your timesheet as follows to avoid delays in processing your biweekly volunteer hours:

- Example: Kristen Wolford (signature of temp site supervisor) for Alyssa Sickie (name of site supervisor)

**Temporarily means no more than 30 days. A new site supervisor will be assigned after 30 days of temporary supervision.*



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Compelling Circumstances

You may be released from HoosierCorps early, or your volunteer service requirement may be waived due to documented compelling personal circumstances. Compelling circumstances are defined as circumstances where you have a prolonged injury or illness, where there is a death in your family, or any other unforeseeable circumstance that is beyond your control that prevents you from completing your monthly volunteer service hours, as jointly approved by HHF staff and the State of Indiana.

If you have a compelling circumstance that will require you to exit from the program early, or if you need a waiver from program service, you can make your request known directly to your Volunteer Regional Administrator. Supporting documentation will need to be provided, such as a doctor's note.

Examples of compelling circumstances are listed below.

- Temporary illness or injury
- Chronic serious illness or disability
- Natural disaster
- Disability, serious illness, or death of a family volunteer if this makes completing your volunteer service unreasonably difficult or impossible
- Conditions attributable to the program or otherwise unforeseeable and beyond your control that make completing a term unreasonably difficult or impossible

Each case is approved individually by HoosierCorps staff and the State of Indiana, and your application to be released from the volunteer service requirement is not guaranteed. Notify your Volunteer Regional Administrator as soon as possible if you feel you should be released from volunteer service. The Volunteer Regional Administrator will help you to complete a **Compelling Circumstances Form**. It is your responsibility to notify your site supervisor of any status changes or disruptions in volunteering.

Compelling personal circumstances do not include leaving a program because of dissatisfaction with the program.

Release from Completing HoosierCorps Service

If you become employed (part-time or full-time) after you are enrolled in HoosierCorps, you will no longer need to participate in HoosierCorps if you provide the necessary information to



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your IFPN Housing Counselor. You need to contact your Volunteer Regional Administrator in addition to your IFPN Housing Counselor, to let them know you are employed and will no longer be participating in HoosierCorps. **However, you are required to complete your 40 hours of monthly volunteering until you are officially excused from service by your IFPN Housing Counselor.** Your Volunteer Regional Administrator is not responsible for making sure your hourly requirement is met, and will not know when you have been officially excused by your IFPN Housing Counselor. If you exit from the volunteering program before you have been excused by your IFPN Housing Counselor, and before you have provided the required information, your HHF assistance may be in jeopardy.

Once you have been excused from service, you must complete an Exit Form with your Volunteer Regional Administrator and also notify your service site supervisor.

Release for Cause

A release for cause encompasses any circumstances other than compelling personal circumstances that warrant your release from completing a term of service. HoosierCorps must release for cause any participant who is convicted of a felony or the sale or distribution of a controlled substance while participating in HoosierCorps.

If you have been released for cause, you must disclose that fact in any applications to participate in HoosierCorps. Failure to do so may result in your total prohibition from HoosierCorps.

If you have been released from volunteer service by the agency where you volunteer for a reason other than felony conviction or conviction of the sale or distribution of a controlled substance, you may contest the agency's decision by filing a grievance. Pending the resolution of a grievance procedure filed by you to contest a determination by an agency to release you for cause, your service is considered to be suspended.

If you otherwise qualify for HoosierCorps, your eligibility for enrollment in HoosierCorps will not be affected by release for cause from a prior volunteer service program not associated with HoosierCorps so long as you received a satisfactory end-of-term performance review for the period served in the first assignment.

Suspended Service

A program may suspend your volunteer service if you are indicted for a charge involving a violent felony (e.g., rape, homicide) or sale or distribution of a controlled substance, until a final disposition of such charge. A program may also suspend your volunteer service if you are convicted of possession of a controlled substance. An individual may not receive credit for or accrue service hours during a period of suspension under this provision.



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Reinstatement

If you have been released for cause because of felony charges but were found not guilty, you may be reinstated in the Volunteer Service Program. If you were convicted of a first offense of the possession of a controlled substance, you must demonstrate that you are enrolled in a drug rehabilitation program. If you were convicted for more than one offense of the possession of a controlled substance, you must demonstrate that you have successfully completed a drug rehabilitation program.

Filing a Grievance

If you have a grievance regarding the Hardest Hit Fund Volunteer Service Program, or HoosierCorps, please follow the guidelines set forth below and complete a **HoosierCorps Grievance Form**. You can submit it by email, or regular mail to the address listed below. A copy of this form is available in this manual.

The Office of Faith-Based and Community Initiatives
Indiana Government Center South
302 West Washington Street. Room E012, Indianapolis, Indiana 46204
Tel: (317) 233-4273, Fax: (317) 233-5660, info@ofbci.in.gov
Attention: HoosierCorps Program Officer

HoosierCorps

GRIEVANCE POLICY

As a volunteer, you may initiate a grievance within 15 calendar days after the cause of the grievance occurs, or within 15 calendar days after you become aware of the event. If the grievance results from an ongoing condition or practice that individually affects you, you may file a grievance at any time,

Your grievance must be in writing and contain sufficient detail to identify the subject matter of the grievance, specify the relief requested and be signed by you or a person designated in writing by you to be the representative for the purpose of the grievance. The HoosierCorps Grievance Form is available for use and is included in this manual.

The procedure for filing a grievance is listed below.



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Section 1: Filing a Grievance.

- a. Complete the HoosierCorps Grievance Form, which is attached to this policy, and submit it in writing to either the chief executive officer or executive director of the agency where the grievance occurred, and the Office of Faith-Based and Community Initiatives at the address listed below.

**The Office of Faith-Based and Community Initiatives
Indiana Government Center South
302 West Washington Street. Room E012, Indianapolis, Indiana 46204
Tel: (317) 233-4273, Fax: (317) 233-5660, info@ofbci.in.gov
Attention: HoosierCorps Program Officer**

The designated representative may not be the immediate supervisor of volunteers assigned to the agency.

- b. The chief executive officer of the sponsor or the designated representative will respond in writing to the grievance within five (5) working days after receipt. The chief executive officer or designee may not refuse to respond to a complaint on the basis that it is not a grievance, or that it is excluded from coverage but may, in the written response, refuse to grant the relief requested on either of these grounds.
- c. If the grievance involves a matter over which the agency has no control, or if the chief executive officer is the immediate supervisor of the volunteer, the procedures described in this section may be omitted, and the volunteer may present the grievance in writing directly to the State Director or designee as described in section (2) of this section within the time limits specified in this paragraph (a).

Section 2: Consideration by the Hardest Hit Fund Volunteer Service Program Manager or designee.

If the matter is not resolved to the volunteer's satisfaction by the agency's chief executive officer, the volunteer may submit the grievance in writing to the HHF Program manager or designee within five (5) working days after receipt of the decision of the sponsor's chief executive officer. The HHF manager or designee may not refuse to receive a complaint, even if he or she believes it does not constitute a grievance, and shall respond to it in writing within five (5) working days after receipt. The response may indicate that the matter is not grievable.

Section 3: Discussion.

All parties to the grievance procedure must be prepared to participate in full discussion of the grievance, and to permit the participation of others who may have knowledge of the



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circumstances of the grievance in the discussion. Hardest Hit Fund staff, Office of Faith-Based and Community Initiatives staff, and Department of Workforce Development staff may participate in discussions and provide guidance with respect to HHF VSP policies and procedures, at the request of any party, even prior to submission of a grievance to them.

Section 4: Agency grievance procedure.

An agency may substitute its own grievance procedure for the procedure described in paragraph (1) of this section. Any such procedure must provide the volunteer with an opportunity to present a grievance at least as comprehensive as that contained in this section, must meet the time limits of this section, and must be provided in writing to all volunteers. In order to utilize its own grievance procedures, the agency must obtain approval of the procedure from the Hardest Hit Fund (HHF) manager and maintain documentation on file at the agency headquarters.

Section 5: Appeals process

If the volunteer does not agree with the resolution of the agency and the Hardest Hit Fund (HHF) manager, he or she may appeal the decision to the Indiana Housing and Community Development Authority.

- a. Contents of grievance. The volunteer's grievance must be in writing, contain sufficient detail to identify the subject matter of the grievance, specify the relief requested, and be signed by the volunteer or a person designated in writing by the volunteer to be the representative for the purpose of the grievance.
- b. Time limit. The volunteer must submit the grievance to the IHCD Executive Director or designee no later than 15 calendar days after receipt of the informal response by the HHF manager or designee. If no response is received by the volunteer 15 calendar days after the grievance is received by the HHF manager or designee, the volunteer may submit the grievance directly to the IHCD Executive Director or designee for consideration.
- c. **Within ten (10) working days of the receipt of the grievance, the IHCD Executive Director or designee shall, in whole or in part, either decide it on its merits or reject the grievance.** A grievance may be rejected, in whole or in part, for the following reasons:
 - (1) It was not filed within the time limit specified in paragraph (b) of this section, or
 - (2) The grievance consists of matters not contained within the definition of a grievance.
- d. **Rejection of a grievance by the IHCD Executive Director or designee may be appealed by the volunteer within ten (10) days of receipt of the notice to the IHCD**



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Office of General Counsel. The Office shall immediately request the grievance file from the appropriate HHF staff, within five (5) working days of receipt of it, determine the appropriateness of the rejection. If the grievance was properly rejected by the IHCD Executive Director or designee, the Office shall so notify the volunteer of its opinion and the reasons supporting it, and that such rejection is the final Agency decision in the matter. If the Office determines that the grievance was improperly rejected, it shall return the grievance to the IHCD Executive Director or designee for a determination on its merits. The decision of the Office of General Counsel is final.

Please describe what action should be taken to resolve the grievance below.

By signing below, I certify that the compelling circumstances described above are true and correct.

Volunteer Name (Signature)

Volunteer Name (Printed)

Date

Complete, sign and email, fax or mail this form to:

The Office of Faith-Based and Community Initiatives
Indiana Government Center South
302 West Washington Street. Room E012
Indianapolis, Indiana 46204
Tel: (317) 233-4273, Fax: (317) 233-5660
info@ofbci.in.gov
Attention: HoosierCorps Program Officer

Hardest Hit Fund Volunteer Service Program (HHFVSP)

PARTICIPANT AGREEMENT

Please print and complete all sections.

Full Name: _____ Date of Birth _____

Preferred Title (Mr./Mrs./Miss/Ms./etc.) _____ Preferred Name _____

Phone _____ Email _____

Employment Experience _____

Skills/Interests/Languages _____

Volunteer Experience _____

Days/Hrs Available _____

Preferred Volunteer Assignments 1. _____ 2. _____

1. I have applied to participate as a volunteer of the HoosierCorps, a program of the Indiana Housing and Community Development Authority (IHCDA), in partnership with the Department of Workforce Development (DWD) and the Office of Faith-Based and Community Initiatives (OFBCI).
2. I understand that as a volunteer IHCDA, DWD, or OFBCI will **not** pay for my services; reimburse me for my expenses; or cover me by any insurance including but not limited to medical, property, health, liability insurance, and workers' compensation benefits.
3. I further agree that I will volunteer 40 hours in each calendar month for the duration of my HHF benefits, unless I am waived from service per the policies in the HoosierCorps Participant's Manual.
4. I understand and agree to abide by all policies set forth in the HoosierCorps Participant's Manual which includes but is not limited to standards of conduct, prohibited activities, suspension and termination rules, compelling circumstances, and grievance procedures.
5. I am aware that my participation as a volunteer in HoosierCorps may be terminated at any time by my VRA Agency, IHCDA, OFBCI, DWD, or me, and such termination of participation may affect my eligibility for and the receipt of payments under the Hardest Hit Fund.
6. I understand that under the Drug-Free Workplace Act, I must immediately notify the Regional Administrator if I am convicted under any criminal drug statute. My participation in the program is conditioned upon compliance with this notice requirement and will be taken for violation of this.

(continued on back)

I give my permission for HHFVSP to use my name, photographs, and any other identifying information for publicity, promotional, or other purposes.

_____ YES _____ NO (check one) _____ initials

I give my permission for HHFVSP to provide HoosierCorps Volunteer Sites with required information about me in connection with my assignments.

_____ YES _____ NO (check one) _____ initials

I acknowledge that, as a minimum, HHFVSP must conduct both an Indiana State Police criminal history background check as well as a National Sex Offender Public Registry check for all HoosierCorps volunteers that are assigned to sites that serve with vulnerable populations. I agree to submit to these checks if required.

_____ Initials

(Vulnerable populations are any persons less than 18 years of age, over 60 years of age, or with a mental or physical disability).

Signature of Volunteer

Date

Signature of HoosierCorps Regional Administrator

Date

FOR OFFICE USE ONLY

Verification of Identity

Type of ID _____ ID# _____ Exp. Date _____

I affirm that I have reviewed the above documentation.

Staff Member Signature, Title

Date

Volunteer Orientation completed on _____

Service Site Assigned _____

Position Description signed, given to volunteer, and copy placed in file? _____

HoosierCorps Referral Date _____ Volunteer Start Date _____