

In the Summer 1980 issue of *The Volunteer Leader*, an article entitled "It pays to volunteer" discussed the practice of some hospitals in New York state of using Comprehensive Employment Training Act (CETA), Work Incentive Program (WIN), and Youth Corps participants in departments of volunteer services. In the following article, the author supports the view that full-time paid persons in programs such as CETA and WIN should not be classified as volunteers.

Are subsidized employees volunteers? Certainly not!

by Arty Trost

It does a grave disservice to volunteers, hospitals, patients, paid hospital staff, and the community to consider and use CETA, WIN, and Youth Corps program participants as volunteers, I believe. It may also violate the intent, and perhaps the letter, of the federal laws relating to CETA and WIN. (Since CETA and WIN regulations are those available to me, this article deals primarily with these two.)

In Webster's unabridged and throughout the literature of volunteerism, free will, choice, and nonpayment for services rendered receive emphasis in defining volunteering. Often the aspect of social responsibility is included. To most persons, however, nonpayment for services rendered is the most significant aspect of volunteering.

Although some still do not allow money to taint their concept of volunteering, most directors of volunteer services accept the idea that a person can be a volunteer and still receive some form of enabling funds. These funds reimburse expenses incurred while performing volunteer work, thus allowing persons to volunteer who couldn't otherwise afford to. What facilitates acceptance of this reimbursement factor are the ideas that the work itself isn't being paid for and that the incentive for doing the work is not financial.

Free choice, absence of financial

gain, and social responsibility are central to volunteerism. Our society values the spirit of volunteering, in some cases placing the value of a service offered without financial incentive beyond that of the actual service. Further, society sometimes goes so far as to say that some services should not be paid for, even if money is available. Obviously, many institutions utilize volunteers to provide services that otherwise would be unavailable or severely limited due to financial constraints. But even if unlimited funding were available, volunteers would still be needed. To some persons, volunteering is both an obligation and a right of citizenship.

So what happens when paid employees are called volunteers and placed in departments of volunteer services? "Wait a minute," you might say, "You've defined 'volunteer,' but who's to say that CETA and WIN employees don't meet that definition?"

First off, CETA does. Throughout the regulations, emphasis is on full-time paid employment, although part-time paid employment is sometimes an option. The wording is very clear. The purpose of CETA is to provide individuals with training and employment opportunities. Wages, benefits, and working conditions for CETA personnel must be the same as for those similarly employed at the work site. The act constantly refers to the necessity of paying prevailing wages or the minimum wage rate as well as providing similar benefits. In no case can the wage rate be less than the highest of the following: the minimum wage rate of the Fair Labor Standards

Act, the minimum wage rate prescribed by applicable state or local law, the prevailing wage rate for persons similarly employed, and so on. Clearly, CETA participants are not expected to work without financial gain. The same is true for WIN.

What difference does it make if CETA and WIN employees are called volunteers and placed in departments of volunteer services? After all, what's in a name? Plenty, from the points of view of both volunteers and CETA and WIN employees.

By dint of not being paid, volunteers occupy a unique role in the hospital. Because volunteers obtain their means of life support elsewhere, they aren't dependent on the hospital in the same way that paid staff members, including CETA and WIN employees, are. This gives them freedom to speak up, to question, and to advocate—activities often not possible for paid staff who must balance concern for

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organizational change with the need to keep a job.

Because volunteers have no financial incentive to remain with the hospital or to provide services, they may have more credibility than paid staff. Patients and clients know that no one is paying the volunteer to parrot the company line, an accusation often leveled against paid staff. Patients perceive an additional dimension of personal caring. This is justifiably irritating to paid staff and is a factor in negative volunteer-paid staff relations.

The community also perceives volunteers as community representatives within the hospital, as does the hospital itself. The positive public relations that are thus engendered are not to be taken lightly.

To call paid persons volunteers dilutes and sometimes wipes out entirely the positive aspects of

volunteering. Several burdens are placed on volunteers and on directors of volunteer services. For one thing, volunteers may have to explain that they come to the hospital because they want to, not because they are paid. Volunteer service directors must also explain that some volunteers work on a full-time or regular part-time paid basis, whereas others work four hours once or twice a week and receive only enabling funds, if that. The resulting confusion and incomprehension are bound to affect the way volunteers feel about themselves and the way they are perceived by hospital staff, patients, and the community.

Other practical matters should also concern directors of volunteer services. For example, will the knowledge that CETA and WIN participants are being used affect recruitment programs for community volunteers? Will a tendency develop to rely on CETA and WIN personnel at the expense of ongoing recruitment from the community? What happens if CETA and WIN funds are cut or stopped? How difficult will it be to re-establish community involvement? And doesn't the use of paid persons essentially say to volunteers, "We really only use volunteers because they are free, not because they bring an added dimension to the hospital?"

In short, it is difficult for me to understand how hospitals can use CETA and WIN employees in volunteer service departments. Over and over again, the regulations state that these employees, especially in the case of CETA, are to be considered regular employees in every way, including wages, benefits, training, supervision, job placement, and so on. The whole point of CETA and WIN is to integrate these persons into the work force and to enable them, when their funding period ends, to obtain full-time unsubsidized employment that will better their standard of living.

And volunteers are not integrated into the hospital work force. The services they provide supplement services provided by paid staff. Their training prepares them to carry out these supplemental services; even in

hospitals in which the director of volunteer services helps volunteers to explore careers and to perfect job-seeking skills, the actual tasks given to volunteers are not those that provide or lead to paid work.

Also, few directors of volunteer services provide the same type of training, supervision, and evaluation for their volunteers that paid supervisors provide for their staff. CETA and WIN employees have the right to expect, and the hospital has the responsibility to provide, a true work experience. Although many volunteer service directors are becoming more aware of the importance of training and supervisory evaluation, many soft-pedal these areas for fear of losing volunteers who might not take kindly to individual evaluations, critical

CETA and WIN employees should be placed with supervisors of paid staff positions

feedback, or lengthy training sessions.

Further, few directors of volunteer services receive training in how to apply EEO laws or to do performance appraisals. Seldom, if ever, are volunteers evaluated for their performance with the same method and forms with which paid staff are evaluated or with the same regularity. Many volunteer service directors still ask patently illegal questions about age, marital status, and child care, either unaware of affirmative action laws or unsure that they relate to volunteers.

Every CETA and WIN official with whom I spoke mentioned another grave concern: "CETA and WIN employees already have a stigma attached to them by virtue of participating in these two programs. Don't make it worse and lower their self-esteem even further by referring to them as volunteers and placing them in departments of volunteer services." Much as our hackles might rise at what this implies, I think that most of us must admit that not much prestige and status is given to volunteers. Certainly we talk about how important volunteers are, but

actions speak louder than words.

Whereas the spirit of volunteering is highly valued, the volunteers themselves and the services they provide often are not. Our society puts a value on money; the amount of money someone earns is often equated with that person's worth. Something that isn't paid for is perceived as having little value, and something that costs (or earns) little has less value than something that costs (or earns) more. In *Exploring Volunteer Space: The Recruiting of a Nation*, Ivan Scheier, Ph.D., sums this up when he says (page 127): "Money is important. It is so important that its absence is a primary defining characteristic, as in poverty or volunteering. . . . Practical behavior speaks plainly at all levels of consciousness. What it says is 'Moneyless is worthless,' and this attitude accounts for a large part of the volunteer's image today." And volunteers themselves sense their position, as we hear them say over and over again, "I'm just a volunteer."

The question then becomes: Is this all moot? CETA and WIN employees are serving as volunteers in some hospitals. Should directors of volunteer services just learn to live with the situation and accept it? I argue against this on two grounds. One is the shaky validity of placing CETA and WIN employees in volunteer service departments. Four of the six CETA and WIN officials with whom I talked in researching this article strongly suggested monitoring contract compliance because they felt it was illegal to place CETA and WIN employees in volunteer service departments.

But even assuming some legal base, we should consider the implications and ramifications of labeling as volunteers those paid persons who work full-time or on a part-time basis. We aren't helpless. Each and every director of volunteer services can become an agent for change. We can go to administration to emphasize the necessity of placing CETA and WIN employees with supervisors who are in charge of paid staff. Nothing is ever done that can't be undone or changed. That's part of what volunteerism is all about.

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