

THE JOURNAL OF VOLUNTEER ADMINISTRATION

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ASSOCIATION FOR VOLUNTEER ADMINISTRATION

The mission of the Association for Volunteer Administration (AVA), an international membership organization, is to promote professionalism and strengthen leadership in volunteerism. Members include volunteer program administrators in a wide variety of settings: agency executives, association officers, educators, researchers, consultants, students—anyone who shares a commitment to the effective utilization of volunteers.

Individual membership is open to salaried and non-salaried persons in all types of public, non-profit and for-profit settings. Organizational membership is available for international, regional, state/provincial, district and local organizations which choose to join with AVA to promote and support effective leadership in volunteerism.

AVA is an association run by its members. Active committees include: Public Information; Professional Development; Resource Development; Pluralism; Marketing; and Public Issues. Members also plan the annual International Conference on Volunteer Administration, a major event held each year in a different city in the United States or Canada. This conference provides participants the opportunity to share common concerns and to focus on issues of importance to volunteerism.

AVA is divided into thirteen geographic regions, each of which develops a variety of programs to serve its members. These can include annual regional conferences, periodic local workshops, newsletters, and informal "cluster group" meetings.

Two major services that AVA provides, both for its members and for the field at large, are the Certification Program and the Educational Endorsement Program. Through the certification process, which recognizes leaders of volunteer programs who demonstrate professional performance standards, AVA furthers respect for and appreciation of the profession of volunteer administration. Similarly, AVA educational endorsement is given to those workshops, courses, conferences and training events that provide opportunities for professional growth in volunteerism.

Finally, AVA produces publications, including informational newsletters and booklets, and THE JOURNAL OF VOLUNTEER ADMINISTRATION.

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Editor's Note

This issue of *The Journal* gives you a rich mix from which to choose. My thanks to all who contributed to *Resources in Print: Recommendations from the Field of Volunteer Administration*. Your responses to the survey published in the winter 1996 issue recommend invaluable resources to help you do your job. A dialogue has begun in letters to the editor. And the articles address questions that reflect the times in which we live: How do we keep up with the demand for services when it is increasingly more costly to do so? How can we deliver as much, or more, with less? What happens when implementation strategies and management concepts have not been adequately considered?

In these pages you will find articles that describe the strengths and weaknesses of volunteer programming in home care, the obstacles to effective volunteer service delivery in departments of corrections, and the lack of volunteer diversity in the population working in AIDS programs. The authors ask as many questions as they answer. Some offer solutions. Others raise unresolved issues that will get you thinking.

The profession of volunteer administration is a work in progress. You give it shape. What are your reactions to the ideas expressed here? Let us know!

Marjorie M. (Mitzi) Bhavnani, C.V.A.
Editor-in-Chief
Summer 1996
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Resources in Print: Recommendations from the Field of Volunteer Administration

In the winter 1996 issue of *The Journal* we asked you to compile a basic bibliography of books that you find indispensable, that you never fail to recommend, or that give you the tools to do your job. We have included recommendations that relate directly to, or reflect on, the profession of volunteer administration and have noted your comments. You can easily order these resources by matching the number(s) in parenthesis following the title with the circled number(s) under "Sources" starting on page 7. All other titles can be found through the publishers' addresses, phone and fax numbers which are listed there as well.

THE TOP 8

Ellis, Susan J.

- ◆ *From the Top Down: The Executive Role in Volunteer Program Success*. 1986 (Revised edition, 1996). Energize. (1,2,4,5)
"Great checklist of ways boss can support the volunteer program."

"I've used sections of this book to solicit specific support from the top."

- ◆ *The Volunteer Recruitment Book*. 1994. Energize. (1,2,4,5)

"The ultimate, definitive book on recruiting."

"Look no further—if you read it and do it, it will work!"

Fisher, James C. & Cole, Kathleen M.

- ◆ *Leadership & Management of Volunteer Programs: A Guide for Volunteer Administrators*. 1993. Jossey-Bass. (2,5,6)

"Good basic overview of volunteer management. Practical and understandable by newcomers. Makes the connection between the job and AVA's certification competencies."

"Its well-organized structure allows easy access to specific subject areas, each of which could stand alone."

McCurley, Steve & Lynch, Rick

- ◆ *Essential Volunteer Management*. 1989. Heritage Arts. (3,4,5,6)

"Basic fundamentals for any type of volunteer setting."

"Practical considerations of legal and risk management concerns."

Vineyard, Sue

- ◆ *Beyond Banquets, Plaques & Pins: Creative Ways to Recognize Volunteers and Staff*. 1994. Heritage Arts. (1,3,4,5,6)

"Mini textbook on motivation that's helpful in recruiting as well as in retention and recognition."

"The size and price make it an attractive buy, particularly for programs having many sub-units that may need a small on-site library."

- ◆ *Marketing Magic for Volunteers*. 1984. Heritage Arts (3,4,5)

"An easy to understand, relevant definition of marketing (we learn it is not the same as advertising)."

"Its greatest benefit is showing us how to use the principles of marketing to 'sell' the volunteer program to agency staff."

Vineyard, Sue & McCurley, Steve

- ◆ *101 More Ideas for Volunteer Programs*. 1995. Heritage Arts. (1,4,5,6)

"Small, readable, practical on timely issues addressed in the popular press, but not often from a volunteer program perspective. Easy to digest, it gives the new volunteer leader a sense of empowerment."

"Lots of ideas that can be applied to individual programs."

Wilson, Marlene

- ◆ *The Effective Management of Volunteer Programs*. Volunteer Management Associates. 1976. (3,4,5,6,7)

"This book is so basic and so complete it's truly a treasure."

"The forms and diagrams are great as teaching tools in small group settings using overhead transparencies."

OTHER RECOMMENDED RESOURCES

- Asche, Jane.** *Handbook for Principals and Teachers—A Collaborative Approach for the Effective Involvement of Volunteers.* 1989. National Association of Partners in Education, Inc. (NAPE).
“A practical tool for school volunteer and business-education partnership development.”
- Bottorf, Jim, Bottorf, Judy & King, Maggie.** *Volunteer Management Made Easy Series: Four Booklets.* 1994. Professional Volunteer Management Training & Program Development (PROVOL).
“These booklets enable a person to start a new program from the beginning.”
- Cairn, Rich Willits & Kielsmeier, Jim.** *Growing Hope: A Sourcebook on Integrating Youth Service into the School Curriculum.* 1995. National Youth Leadership Council. (5)
“Provides good integration of community service and curriculum.”
- California Association of Hospitals and Health Systems (CAHHS).** *Clip Art Book.* Updated annually. (1)
“I use this resource frequently to add a special touch.”
- Campbell, Katherine Noyes & Ellis, Susan J.** *The (Help!) I-Don't-Have-Enough-Time Guide to Volunteer Management.* 1995. Energize. (1,2,4,5,6)
“It's a real-world, down-and-dirty, helpful, helpful guide.”
- Covey, Stephen R.** *The Seven Habits of Highly Effective People: Restoring the Character Ethic.* 1989. Simon & Schuster.
“This book is changing the way I work. I'm becoming a more effective person.”
- Ellis, Susan J.** *Focus on Volunteering KopyKit® Ready-to-Print Resources for Volunteer Organizations.* 1992. Parlay International. (2)
“These reproducible materials have been a great resource for articles.”
- Ellis, Susan J. & Noyes, Katherine H.** *By the People: A History of Americans as Volunteers.* 1990. Jossey-Bass. (2)
“A highly readable and fascinating overview of the role of volunteers throughout American history, including the period before the American Revolution.”
- Graff, Linda L.** *By Definition: Policies for Volunteer Programs.* 1993. Volunteer Ontario. (2,4,6)
“A very comprehensive document.”
- Harvey, Patricia & Johnstone, Ginette.** *A Book of Case Studies for Training Volunteers.* 1992. Johnstone Training and Consultation. (3)
“Whether dealing with a hospital gift shop, water safety volunteers, Big Brothers, or docents, these case studies provide insightful and fun opportunities to train on issues that apply to everyone.”
- Jacobson, Ann.** *Volunteer Management Handbook for Effective Development of Volunteer Programs.* 1990. Ann Jacobson & Associates, Kansas City, MO. (5)
“Good basic program book.”
- Kendall, Jane,** Editor. *Combining Service and Learning: A Resource Book for Community and Public Service* (3 vols.). 1990. National Society for Internships and Experiential Education.
“Provides solid philosophical, theoretical and historical background. Great bibliography.”
- Kipps, Harriet Clyde,** Editor. *Volunteerism: The Directory of Organization Training Programs & Publications.* 1991, 3rd Ed.: Bowker
“A quick reference guide to learn who is doing what, where I can find training in specific areas, who has expertise to share locally, where I can get materials and publications to further my knowledge as a volunteer manager.”
- Knowles, Malcolm.** *The Modern Practice of Adult Education: From Pedagogy to Andragogy.* 1988. Cambridge Bk. Co.
“I see volunteers as adult learners.”

- Lappé, Frances M. & DuBois, Paul M.** *The Quickening of America: Rebuilding our Nation, Remaking our Lives.* 1994. Jossey-Bass. (2,5)
 "It speaks to what non-profit organizations with a volunteer component should be doing to empower citizens to speak/act in their own behalf."
- Macduff, Nancy.** *Volunteer Recruiting and Retention: A Marketing Approach.* 1994. Millgard, Janie, ed.: MBA Publishing.
 "Marketing, goal setting, needs assessments."
- Meisel, Wayne & Hackett, Robert.** *Building a Movement: Resource Book for Students in Community Service.* 1987. The Campus Outreach Opportunity League (COOL).
 "Excellent resource for engaging youth in community service, especially college age."
 Please Note: COOL informs the editor that the book is out-of-print, but will be put on-line by September 1996. See Sources for Internet address.
- Moore, Gail & MacKenzie, Marilyn.** *The Group Member's Book.* Partners Plus. (4,5)
 "Acknowledges the importance of group and committee work for the volunteer manager and offers practical advice on all aspects of group activity."
- The National Assembly of National Voluntary Health and Social Welfare Organizations.** *The Community Collaboration Manual.* 1991.
 "Very practical. Easy to read and use. Timely. Lists of concrete suggestions that work."
- Nonprofit Risk Management Center.** *No Surprises: Controlling Risks in Volunteer Programs.* 1993. Charles Tremper and Gwynne Kostin. (2,5)
Staff Screening Tool Kit. 1994. John Patterson with Charles Tremper and Pam Rypkema. (2,5)
 "The Nonprofit Risk Management Center consistently produces books that are clear, to the point, understand volunteer program issues, and confront everyone's fears about liability in a calm way."
- O'Connell, Brian,** editor. *America's Voluntary Spirit: A Book of Readings.* 1983. Foundation Center.
 "Authors include some of the best thinkers in fields as diverse as social work, history, political science and religion. Essential for anyone who wants to be a part of preserving the rich legacy of voluntarism."
- Pearce, Jone L.** *Volunteers: The Organizational Behavior of Unpaid Workers.* 1993. Routledge.
 "I especially find useful the concept of 'organizational control' in describing problems observed in volunteer organizations."
- Peters, Tom & Austin, Nancy.** *A Passion for Excellence: The Leadership Difference.* 1986. Warner Books.
 "Excellent manual for anyone who works with people, staff, administrators, etc."
- Pfeiffer, William J. & Jones, John E.** *A Handbook of Structured Experiences (Vols. I-X).* 1986. Pfeiffer & Company.
 "This is a compendium of invaluable training materials. Anyone involved in management training of any kind should be aware of these materials and know where to find them."
- Rehnberg, Sarah Jane.** *The Starter Kit for Mobilizing Ministry.* 1995. Leadership Network. (2)
 "Thoughtful and practical. Guides you through the steps of a lay ministry program."
- Scheier, Ivan H.** *Building Staff/Volunteer Relations.* 1993. Energize. (2,4)
 "By reading this, the required sensitivity and insight on staff/volunteer relations are virtually guaranteed."
- Seita, Trudy.** *Leadership Skills for the New Age of Non Profits: Keeping Volunteers Happy in a Changing World.* 1990. Heritage Arts. (5)
 "Excellent book for reminding volunteer administrators about 'common sense' aspects of management. I continually refer to this book."

Seita, Trudy & Waechter, Sue. *Change: Meet It and Greet It.* 1991. Heritage Arts. (4,5)

"A must-read survival guide for anyone in an organization undergoing change, needing to change, afraid to change, or refusing to change."

Stone, Byron & North, Carol. *Risk Management and Insurance for Nonprofit Managers.* 1988. First Nonprofit Companies. "Practical guide through the legal and technical mazes. Easy to look up specific information or questions. Includes good information on volunteer-related issues."

Vineyard, Sue.

How to Take Care of You . . . So You Can Take Care of Others. 1995. Heritage Arts. (3,5)

"The coping strategies are excellent." *Megatrends & Volunteerism: Mapping the Future of Volunteer Programs.* 1993. Heritage Arts. (1,3,4,5)

"Building community is especially important to me in law enforcement. She is well up on what's happening and the book is a plus."

The Great Trainer's Guide: How to Train (Almost) Anyone to Do (Almost) Anything! 1990. Heritage Arts. (1,3,4,5,6)

"Found this book invaluable. Lovely sense of humor."

Vineyard, Sue & Lynch, Rick. *Secrets of Leadership.* 1991. Heritage Arts. (1,3,5)

"Good quick reference. Easy to spot good ideas."

Wilson, Marlene.

Survival Skills for Managers. 1981. Volunteer Management Associates. (3,4,7)

"This is excellent material no matter where you are in your career in volunteer administration."

You Can Make a Difference! Helping Others and Yourself through Volunteering. 1990. Volunteer Management Associates. (4,7)

"This book helps to remind me why people volunteer."

TITLES

America's Voluntary Spirit: A Book of Readings. Brian O'Connell, editor.

Beyond Banquets, Plaques & Pins: Creative Ways to Recognize Volunteers and Staff. Sue Vineyard. (1,3,4,5,6)

A Book of Case Studies for Training Volunteers. Patricia Harvey & Ginette Johnstone. (3)

Building a Movement: Resource Book for Students in Community Service. Wayne Meisel & Robert Hackett.

Building Staff/Volunteer Relations. Ivan H. Scheier. (2,4)

By Definition: Policies for Volunteer Programs. Linda L. Graff. (2,4,6)

By the People: A History of Americans as Volunteers. Susan J. Ellis & Katherine H. Noyes. (2)

Change: Meet It and Greet It! Trudy Seita & Sue Waechter. (4,5)

Clip Art Book. California Association of Hospitals and Health Systems (CAHHS).

Combining Service and Learning: A Resource Book for Community and Public Service (3 vols.). Jane Kendall.

The Community Collaboration Manual. The National Assembly of National Voluntary Health and Social Welfare Organizations.

The Effective Management of Volunteer Programs. Marlene Wilson. (3,4,5,6,7)

Essential Volunteer Management. Steve McCurley & Rick Lynch. (3,4,5,6)

Focus on Volunteering KopyKit® Ready-to-Print Resources for Volunteer Organizations. Susan J. Ellis. (2)

From the Top Down: The Executive Role in Volunteer Program Success. Susan J. Ellis. (1,2,4,5)

The Great Trainer's Guide: How to Train (Almost) Anyone to Do (Almost) Anything! Sue Vineyard. (1,3,4,5,6)

The Group Member's Handbook. Gail Moore & Marilyn MacKenzie. (4,5)

Growing Hope: A Sourcebook on Integrating Youth Service into the School Curriculum. Rich Willits Cairn & Jim Kielsmeier. (5)

- Handbook for Principals and Teachers—A Collaborative Approach for the Effective Involvement of Volunteers.** Jane Asche.
- A Handbook of Structured Experiences (Vols. I–X).** William J. Pfeiffer & John E. Jones.
- The (Help!) I-Don't-Have-Enough-Time Guide to Volunteer Management.** Katherine Noyes Campbell & Susan J. Ellis. (1,2,4,5,6)
- How to Take Care of You . . . So You Can Take Care of Others.** Sue Vineyard. (3,5)
- Leadership & Management of Volunteer Programs: A Guide for Volunteer Administrators.** James C. Fisher & Kathleen M. Cole. (2,5,6)
- Leadership Skills for the New Age of Non Profits: Keeping Volunteers Happy in a Changing World.** Trudy Seitza. (5)
- Marketing Magic: How to Get What and Who You Want.** Sue Vineyard. (3,4,5)
- Megatrends & Volunteerism: Mapping the Future of Volunteer Programs.** Sue Vineyard. (1,3,4,5)
- The Modern Practice of Adult Education: From Pedagogy to Andragogy.** Malcolm Knowles.
- No Surprises: Controlling Risks in Volunteer Programs.** Charles Tremper and Gwynne Kostin. (2,5)
- A Passion for Excellence: The Leadership Difference.** Tom Peters & Nancy Austin.
- The Quickening of America: Rebuilding our Nation, Remaking our Lives.** Frances M. Lappé & Paul M. DuBois. (2,5)
- 101 More Ideas for Volunteer Programs.** Sue Vineyard & Steve McCurley. (1,4,5,6)
- Risk Management and Insurance for Nonprofit Managers.** Byron Stone & Carol North.
- Secrets of Leadership.** Sue Vineyard & Rick Lynch. (1,3,5)
- The Seven Habits of Highly Effective People: Restoring the Character Ethic.** Stephen R. Covey.
- Staff Screening Tool Kit.** John Patterson with Charles Tremper and Pam Rypkema. (2,5)
- The Starter Kit for Mobilizing Ministry.** Sarah Jane Rehnborg. (2)
- Survival Skills for Managers.** Marlene Wilson. (3,4,7)
- Volunteer Management Handbook for Effective Development of Volunteer Programs.** Ann Jacobson.
- Volunteer Management Made Easy Series: Four Booklets.** Jim Bottorf, Judy Bottorf & Maggie King. (5)
- Volunteer Recruiting and Retention: A Marketing Approach.** Nancy Macduff.
- The Volunteer Recruitment Book.** Susan J. Ellis. (1,2,4,5)
- Volunteerism: The Directory of Organization Training Programs & Publications.** Harriet Clyde Kipps.
- Volunteers: The Organizational Behavior of Unpaid Workers.** Jone L. Pearce.
- You Can Make a Difference! Helping Others and Yourself through Volunteering.** Marlene Wilson. (4,7)

SOURCES

- Bowker, R.R. A Reed Reference Publishing Co.**
P.O. Box 31, New Providence, NJ 07974.
Tel (800) 521-8110 or (908) 464-6800,
Fax (908) 464-3553.
- ① **California Association of Hospitals and Health Systems (CAHHS) Volunteer Sales Center**
P.O. Box 340100,
Sacramento, CA 95834-0100.
Tel (916) 641-9670, Fax (916) 646-6517.
- Cambridge Bk. Co.**
4350 Equity Drive,
Columbus, OH 43228.
Tel (800) 848-9500 or (201) 592-2000,
Fax (614)771-7361.
- Campus Outreach Opportunity League (COOL)**
1511 K Street N.W., Suite 307,
Washington, DC 20005.
Tel (202) 637-7004, Fax (202) 637-7021.
Internet <http://www.cool2serve.org>

- ② **Energize, Inc.**
 5450 Wissahickon Avenue,
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 E-mail: ENERGIZESE@aol.com
- First Nonprofit Companies**
 111 N. Canal Street, Chicago, IL 60606.
 Tel (800) 526-4352 or (312) 627-7724,
 Fax (312) 930-0375.
- Foundation Center**
 79 Fifth Avenue, New York, NY 10003.
 Tel (212) 620-4230, Fax 212-807-3677.
- Heritage Arts Publishing**
 1807 Prairie Avenue,
 Downers Grove, IL 60515.
 Tel (708) 964-1194, Fax (708) 964-7338.
- ③ **Johnstone Training and Consultation (JTC) Inc.**
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 Tel (613) 256-5516, Fax (613) 256-0902,
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 Fax (800) 605-2665.
- MBA Publishing (Div. of Macduff/
 Bunt Assoc. Inc.)**
 821 Lincoln, Walla Walla, WA 99362.
 Tel (509) 529-0244, Fax (509) 529-8865.
- The National Assembly of National
 Voluntary Health and Social Welfare
 Organizations**
 1319 F Street, NW, Suite 601,
 Washington, DC 20004.
 Tel (202) 347-2080, Fax (202) 393-4517.
- National Association of Partners in
 Education (NAPE)**
 901 North Pitt Street, Suite 320,
 Alexandria, VA 22314.
 Tel (703) 836-4880, Fax (703) 836-6941,
 E-mail: napehq@aol.com
- National Society for Internships and
 Experiential Education**
 3509 Haworth Drive, Suite 207,
 Raleigh, NC 27609-7229.
 Tel (919) 787-3263, Fax (919) 787-3381.
- National Youth Leadership Council**
 1910 W. County Rd. B,
 Roseville, MN 55113.
 Tel (612) 631-3672, Fax (612) 631-2955.
- Nonprofit Risk Management Center**
 1001 Connecticut Ave., NW, Suite 900,
 Washington, DC 20036-5504.
 Tel (202) 758-3891.
- ④ **Partners Plus**
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- Pfeiffer & Company**
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- ⑥ **The Vancouver Volunteer Centre**
 #301-3102 Main Street, Vancouver,
 British Columbia, Canada V5T 3G7.
 Tel (604) 875-9144, Fax (604) 875-0710.
- ⑦ **Volunteer Management Associates**
 320 S. Cedar Brook Road,
 Boulder, CO 80304.
 Tel (800) 944-1470 or (303) 447-0558,
 Fax (303) 447-1749.
- Warner Books, Inc.**
 1271 Avenue of the Americas,
 New York, NY 10020.
 Tel (212) 522-7200, Fax (800) 759-0190.

ABSTRACT

Volunteerism has been the cornerstone of HIV/AIDS services since the founding of the first AIDS service organizations (ASOs) in the early 1980s. The work of volunteers continues to be an integral part of care in the face of limited resources and the spreading epidemic. As existing ASOs seek to improve and expand services, and communities seek to establish new organizations to combat the disease, guidelines for practice are necessary to facilitate the implementation of effective, efficient, and successful volunteer programs. This article provides a synthesis of a diverse literature base on the subject and describes the current practical experience at three large American ASOs.

Defining the Elements of a Successful Volunteer Program in the Provision of AIDS Services

Michael T. Wright, L.I.C.S.W.

Since 1982 AIDS service organizations (ASOs)¹ in the United States have provided support to an ever increasing number of Americans whose lives are affected by HIV. Whether gay or heterosexual, male or female, parent or child, these organizations stand ready to provide each person with case management, home care services, comfort, and companionship. Within the political realm these providers struggle to establish and defend the rights of those with HIV and AIDS. This multifaceted and exceptionally difficult work has been provided primarily by volunteers. As buddies, receptionists, office support staff, personal care aides, board members, and in many other capacities, these men and women give of their time without financial compensation for the benefit of those seeking assistance.

This article draws on a diverse literature base and the current experience of three major ASOs in the United States as reported in 1993–1994: AIDS Action Committee in Boston (AAC); Gay Men's Health Crisis in New York (GMHC); and the San Francisco AIDS Foundation

(SFAF). GMHC and SFAF were chosen because they are the country's oldest and largest ASOs. They continue to be leaders in service provision and their service models command a high degree of respect and acceptance in the larger HIV/AIDS community. AAC in Boston was included because of the author's ready access to its staff and programs. This, however, is not a case study in the true sense. Rather, it is an attempt to show the current structure of American ASOs' volunteer programs. Although there is a need for more empirical study concerning the effectiveness of these programs, the following is meant to reflect a current consensus on "best practice" and be a first step to consolidate current knowledge in order to build a foundation for further discussion.

As the epidemic continues to spread, affecting an increasing variety of communities and regions in the country, the successful involvement of volunteers is integral to social service professionals being able to respond to the psychosocial needs of those seeking assistance.

This article describes five elements intrinsic to all AIDS-related volunteer programs: recruiting, selecting, training, retention, and management. However, before describing the practical elements of successful practice in this area, it is im-

¹The term "AIDS service organization" is being used in the broadest sense to include all agencies which provide services specific to the needs of people with HIV/AIDS.

Michael T. Wright, L.I.C.S.W., is a clinical social worker licensed in Massachusetts. He worked at various levels of AIDS service provision in the United States before moving to Berlin to work at the *Deutsche AIDS-Hilfe* (DAH), the national German AIDS organization, where he is serving as the Director for International Relations.

portant to consider what is known to date about who volunteers at ASOs, and why, as this information forms the basis for all successful strategies.

VOLUNTEER CHARACTERISTICS AND MOTIVATION

Interviews with David Meacham, director of volunteers at GMHC, and with Lynn Freundlich, manager of volunteers for AAC in Boston, reveal a similar demographic picture. Given the history of the AIDS service movement in the United States, it is not surprising that the volunteers at these three ASOs are more than 50 percent gay men, the minority group which continues to be most represented among AIDS cases in the country. The remaining volunteers are mostly women, many of whom identify as lesbian. Both the men and women are predominantly white, middle class, well educated, and often possess specialized professional skills (for example, lawyers, social workers, psychotherapists, and computer programmers). The literature suggests the demographics of AIDS service volunteers are similar in small communities as well (Kayal, 1993; Chambré, 1991; Schondel et al., 1992; Lopez and Getzel, 1987a; Lindhorst and Mancoske, 1993).

Conspicuously absent from this group are Latinos and African Americans. Even though disproportionate numbers of people with HIV/AIDS are members of these ethnic groups, they are a small minority of the ASOs' volunteers. It is likely there are various cultural and class-related reasons for this under-representation. The literature suggests very few Latinos and African Americans volunteer at any social service agencies where traditional formal structures are in place. Instead, members of these groups reportedly volunteer within their own social groups through projects organized by local churches (Kayal, 1993; Schondel et al., 1992).

Interviews with GMHC and AAC reveal a sobering reality as reported by Latino and African American co-work-

ers; anecdotally, some agency staff from these ethnic groups believe these ASOs are largely characterized by white, middle-class norms. Other groups, therefore, feel alienated. In addition, some African Americans and Latinos have reported that, in an agency where a preponderance of staff and volunteers are gay men, they often feel excluded. When one reflects on these reports in light of the observation of McPherson and Smith-Lovin (1987)—that people generally participate in organizations in which they share similar characteristics with other members—one begins to formulate an hypothesis of exclusion of these groups that reflects a larger cultural and institutional racism in American society. Clearly, current information is suggestive only, and requires more specific investigation.

At this point, it is difficult to evaluate the impact of the disproportionately small number of African American and Latino volunteers reported at ASOs. Most organizations assume that it is better for a minority client to be served by a volunteer from his or her particular minority group. Although there is no conclusive evidence in the literature to support this assumption, there also has been no research on this topic within the field of AIDS. Except in cases where access to services is clearly a problem due to linguistic or cultural barriers, it remains unclear, for example, whether a gay man with HIV/AIDS should receive help only from a gay volunteer, or an African American man with HIV/AIDS only from an African American volunteer. Staff at GMHC and AAC report anecdotally, however, that clients are at least initially more willing to accept help from volunteers who are from their particular population segment. There is also support for this assumption in the literature (Knight, 1990; Chambré, 1991; Jimenez and Jimenez, 1990).

To design recruitment and retention strategies, it is important to understand why people volunteer. Many hypotheses about motivating factors for ASOs' volunteers are found in the literature. They

include: coping with one's own fears of death; feelings of responsibility to the gay community; strengthening one's own self-esteem; improving one's social status; the death of a loved one from AIDS; entering social work as a profession; supporting one's coming-out process; coping with one's anxiety regarding AIDS; relieving feelings of guilt; collecting data and experience for academic work about AIDS; meeting other gay men; and, promoting one's personal development (Lopez and Getzel, 1987a, b; Chambré, 1991; Knight, 1990; Lindhorst and Mancoske, 1993).

The most extensive empirical research on AIDS volunteering has been conducted by Snyder and Omoto (1992). They observed that the humanitarian motive—simply to help others—is the reason most reported by volunteers themselves, and that this, in fact, is the primary motivation during the early stages of volunteering, that is, during the application process and training. More precisely, their research indicates that humanitarian values are by far the most important, followed by peer group norms that promote volunteering, the desire to gain knowledge about AIDS, personal growth goals, and the desire to improve self-image.

However, Snyder's and Omoto's study indicates a shift in motivation as the work develops. For those volunteers who remain at ASOs, as contrasted with those who leave after a shorter period of time, the significant motivating factors are personal growth goals and self-image needs which the volunteers want to address. The longer-term volunteers primarily wish to satisfy their own psychological needs and are the ones who remain longer as volunteers. Those people whose primary motivation stemmed from other sources (social pressure, religious values, etc.) were more likely to leave after a shorter period of time. Snyder and Omoto postulate that this latter group is able to fulfill its motivational needs within the first weeks and months of the experience, and therefore has no reason to stay longer

to develop ways to cope with the work's inherent difficulties. Although these characteristics represent the majority of volunteers at ASOs, the question remains open as to the needs of African American and Latino volunteers given the weakness in this research.

The observations of Snyder and Omoto as well as those of Schondel, Shields and Orel (1992), who have also researched the question of volunteer motivation and AIDS services, identify important reasons why people do this work. Although both studies highlight the importance of humanitarian motivations, each emphasizes there are a variety of reasons why people volunteer even for the same task. While the humanitarian and social aspects may play an important role at the beginning of the volunteer experience, it is the individual's psychological needs that determine the length of the commitment. ASOs must recognize the variety of motivations among their volunteers and, as far as possible, address them. Above all, this means enabling the volunteer to recognize and to fulfill the psychological needs which s/he brings to the work.

The results of these studies should be taken as a warning not to separate "pure" from "personal" motivations. "Pure" motivations focus on what the volunteer can do to meet the needs of those being served. "Personal" motivations refer to what the volunteer can get out of the experience in order to meet her/his own needs.

Many agencies may assume that volunteers who are primarily seeking to meet their own needs are somehow not suited to working with clients. Staff may fear that this need-based motivation can interfere with volunteers being able to participate in client-centered models of service. As stated above, the research to date suggests that there are no exclusively humanitarian or "other-centered" motives for volunteering. According to these studies, it makes more sense simply to accept a broad range of motivations as valid. The role of the agency is not to de-

termine the exact reasons a person wants to volunteer but, rather, to assist volunteers in recognizing and managing their emotional and psychological needs as described by Lopez and Getzel (1987a). It appears that those volunteers who have the most to gain from the work personally will, in the end, provide the most service to the agency and to its clients.

RECRUITING

The experience of ASOs reflects the findings described above: A successful recruitment campaign should initially appeal to the humanitarian motivations of the potential volunteer. Although not the only reason for volunteering, it is the one most identified by volunteers as motivating them in the initial stages of the work. Messages appealing to the desire to help others in need were found extensively within the materials used at GMHC, AAC and the SFAF which were reviewed by the author in 1993.

Getting the message right is only half the battle. Successful advertising techniques need to be employed to reach the targeted groups.

Placing ads in general newspapers and in subcultural publications is a strategy used by many ASOs. The content, lay-out, and language of the ads must conform to the norms of the target group. The same ads also can be reproduced as posters and brochures to be distributed at various venues and establishments frequented by the target group. Recruitment material can be sent to various organizations where one would expect to find potential volunteers (for example, professional associations, religious groups, and youth groups).

Other strategies include writing PSAs (public service announcements) for radio and television as well as producing videos depicting the agency's work. At GMHC the videos are shown during presentations, often conducted by volunteers, as a way to describe the mission and services of the programs offered.

David Meacham at GMHC reported further that many American companies

sponsor volunteer corps composed of their employees. The company's employees are encouraged to volunteer at a social service agency and are recognized by the company for this service. ASOs can market themselves to these companies in order to receive volunteer referrals.

AAC and GMHC staff reported that the personal contacts of their employees with potential volunteers remains an important source of new recruits. In hearing the personal accounts of those already involved, friends discover the benefits of working at an agency providing AIDS services. This is corroborated by Kayal (1993).

Most important for the success of any recruitment strategy is to determine the target group for each recruitment campaign. Only then can a strategy be developed which addresses the needs of the members of that group. This principle is found repeatedly in the literature as well as in reports from the ASOs interviewed (Omoto and Snyder, 1990; Snyder and Omoto, 1992; Knight, 1990; Jimenez and Jimenez, 1990).

As discussed before, the recruitment of African Americans and Latinos is particularly problematic, although the numbers of infected persons in these groups is rising steadily. In recent years, agencies have developed new, creative strategies to reach these populations. At GMHC (see also Jimenez and Jimenez, 1990), partnerships with church congregations, or even an entire diocese, offer new opportunities for access to these groups. AAC formed special task forces comprised of members from these communities to develop appropriate recruitment strategies. GMHC participated in Latino and African American cultural events where it set up information booths.

AAC and GMHC's experience in recruiting volunteers reflects that of several authors: Recruitment appears to be more effective when the recruit's initial contact is with a person of the same ethnicity and background (Lindhorst and Mancoske, 1993; Bruhn, 1990). For example, GMHC

employed a staff person from a minority community to target specific districts in the city from which there were many clients of color, but few volunteers. This project was coordinated with the agency's prevention department so that an outreach model was implemented to address both the volunteer and the prevention goals of the agency. The staff person was successful in identifying several new volunteers in this way. Later, information was gathered from these new volunteers about their experiences so that GMHC could begin to identify the institutional barriers that existed in the agency for these groups.

The recruitment methods described thus far are reportedly adequate for many ASOs. Agencies generally report a sufficient number of applicants, if not from all of the desired targeted groups. The primary problems center around organizing and supporting volunteers who are already employed at the agency; this will be discussed later.

SELECTION

Identifying potential volunteers is only the first step in the recruitment process. The next step involves the selection of appropriate candidates. At ASOs one often finds a formal application process. The application form can be very extensive and personal (Hooyman, *et al.*, 1988), or simply ask for basic demographic information. A written description of the agency is often given out at the same time, detailing the mission and services of the particular programs in which volunteer help is needed.

After completing the form, the applicant may be invited directly to the first orientation meeting, as is done at SFAF, GMHC, and AAC. The idea behind offering an orientation meeting at this point is to provide more information to the applicants about the organization and to answer questions. After they are better informed regarding what types of volunteer work are needed, what the expectations of the agency are, and what is ex-

pected of volunteers, several applicants may decide not to continue further with the process. There are also applicants who sign up for the orientation meeting, but do not attend. This orientation meeting serves, therefore, as the first stage in the selection process, applicants self-selecting whether or not to continue with the training.

After the orientation meeting, applicants are invited to a personal interview with agency staff. The interview may be a fifteen-minute telephone conversation, as at AAC, or a group interview with six to eight applicants, as at GMHC. Or it may be a private conversation with the volunteer coordinator, as at SFAF (see also Hooyman, *et al.*, 1988). The interview may be conducted by a staff person (as at AAC and SFAF), or by a volunteer. The primary consideration is that an experienced person at the agency has the opportunity to get to know each applicant personally. After the interview, the interviewer contacts applicants to either invite them to continue the training process, or to deny the application. The majority of applicants reportedly are accepted at this stage. In most cases, the specific reasons for rejecting an applicant appear not to be set by policy; usually a subjective assessment is made by the interviewer. A small minority need to be discouraged from continuing because, in the subjective opinion of the interviewer, they are "not ready" or not appropriate for the work.

TRAINING

The orientation and training of volunteers at successful agencies is very similar. The largest agencies frequently offer a regularly scheduled training program for new volunteers so there can be a constant flow of new workers, and no wait to start volunteering. The content and length of the training workshops are determined by the chosen area in which the volunteer work will take place. For example, at GMHC there is a four-day program for volunteers who want to work directly with clients. It takes place over two con-

secutive weekends. Volunteers who want to work in the education department need to complete the same number of training hours, but they are spread out over several evenings. People who are interested in working in the administrative area receive individual training directly from their supervisors.

Whether or not to train volunteers for all agency programs together (centralized volunteer training), rather than having separate trainings for each program area, has been an issue at GMHC and AAC. The centralized approach saves staff time. Also, this approach allows staff to share information important for all volunteers to know, regardless of department. This includes information about HIV/AIDS, the structure and services of the agency, and the expectations and policies affecting volunteers. However, the larger the organization, the more specialized are its various departments. Many program managers prefer to provide their own separate training to the volunteers assigned to them. In that way they ensure that the volunteers receive the necessary information specific to their work, as well as information regarding the expectations of the department in which they are placed.

The content of the training sessions is determined by the requirements of the work itself. In addition to the above-mentioned information about HIV and AIDS, volunteers need thorough preparation for their expected roles. In certain cases, the task to be done is straightforward. For example, at AAC in Boston a group prepares mailings. Volunteers fold, staple, and stamp masses of envelopes and flyers. Work such as this is learned relatively quickly and easily and requires no specific curriculum. In contrast, there are intensive workshops for volunteers who will be working with clients or specific target groups. These sessions provide participants not only with technical training, but also with the opportunity to discuss their thoughts and feelings about the agency's clients and

the work they are about to start. Both the technical and the personal aspects must be covered to prepare volunteers adequately to cope with the problems AIDS presents. Issues such as homophobia, racism, addiction, stigma, fear of death, fear of infection, and sexuality need to be discussed (Lopez and Getzel, 1987a, b; Lindhorst and Mancoske, 1993; Jimenez and Jimenez, 1990; Cohen and Cohen, 1991; Knight, 1990; Tehan, 1986; Hooyman, *et al.*, 1988).

Role-play can be particularly effective in promoting both the discussion of difficult topics and initiating a process of mutual problem-solving regarding anticipated difficulties. Participants should alternate between the roles of volunteer, family member, and person with AIDS so as to better understand the various perspectives. (Knight, 1990; Jimenez and Jimenez, 1990).

Staff at AAC and GMHC report that during the trainings there is a certain number of volunteers who decide not to continue. By realistically depicting the positive and negative aspects of the work, it is possible to enable some candidates to realize that they are not ready to make such a commitment. (See also Tehan, 1986.)

RETENTION OF VOLUNTEERS

The stress of working with people with HIV and AIDS is particularly intense. The stigma of the work itself is difficult for many volunteers. This stigma is personally experienced by workers over and over again in their relationships with family and friends and in the society at large. These experiences reinforce the negative preconceptions which volunteers themselves bring to work (Lindhorst and Mancoske, 1993; Tehan, 1986; Andersen and MacElveen-Hoehn, 1988; Kayal, 1993). Other factors which make the work difficult include: the relatively young age of the volunteers; their inexperience with previous volunteer work; the unpredictable prognosis of the illness; the isolation and marginalization of clients; sur-

vivor guilt; the concrete physical and mental effects of the illness on clients; existential crises of belief and meaning; fear of infection from client contact; unresolved grief from multiple deaths; and the roller coaster cycle of crises experienced by many people with HIV and AIDS. There is also the tendency for volunteers to identify too strongly with clients. Many volunteers are themselves infected, at risk, or gay, and therefore tend to confuse the boundaries between their feelings, needs, and experiences with those of the people they are helping. It becomes unclear where their lives end, and the lives of the clients begin (Lopez and Getzel, 1987a, b; Hooyman, *et al.*, 1988; Shuff, *et al.*, 1991; Chambré, 1991; Lindhorst and Mancoske, 1993; Jimenez and Jimenez, 1990; Knight, 1990; Tehan, 1986).

These characteristics of AIDS volunteer work need to be taken into account in order to offer volunteers appropriate support. Certain structures will make providing support easier. These structures can be divided into seven categories: personal contact; recognition; team building; in-service training; job changes; evaluation; and, supervision.

Personal Contact

The practices at GMHC, SFAF, and AAC illustrate how important it is that current volunteers and, more importantly, paid staff take the time to get to know new volunteers. This does not mean that relationships outside the agency need to be cultivated but, rather, that volunteers simply need to have the chance to get to know other people at the agency. Get-togethers and small-scale events can facilitate these contacts; the hectic environment at many agencies often makes informal conversations difficult during the course of the day. Frequently simple things are most valued by volunteers: that staff knows their name; co-workers greet them and ask how things are going; they are invited to birthday parties in the office; their names appear on staff lists; they are assigned

mail slots; they receive birthday cards each year; and they receive information about the agency and various other volunteer opportunities on a regular basis.

These personal contacts can be further structured, as is done at AAC, by scheduling periodic telephone conversations between volunteers. Volunteers are given the opportunity to discuss the agency, their experiences, and the work itself. (See also Hooyman, *et al.*, 1988.) Some agencies establish a coordinated system whereby each new volunteer is paired with an experienced volunteer to help orient him or her to the agency and the work (Jimenez and Jimenez, 1990).

Recognition

Staff at AAC and GMHC have said, and the information obtained from SFAF emphasizes, that both informal and formal recognition are important in providing support for volunteer staff. At the very least, the volunteers' supervisors must make sure that they make positive comments and pay compliments to volunteers.

Formal recognition of volunteers includes organized events when certificates and awards are given to them by prominent people in the community. At these events, each volunteer receives recognition, outstanding achievement being commended by special awards. On a regular basis an organization may also send letters from the executive director or board of directors to all volunteers enclosing a token gift of appreciation, for example, movie tickets, pins, or stickers. Milestones in service to the agency (for example, at six months, one year, two years, or five years) can be recognized in special ways, with gifts and awards. (See also Hooyman, *et al.*, 1988.)

Team Building

As reported by AAC, formal membership within a team of co-workers assures regular contact with people doing the same work at the agency. Many of the de-

sired outcomes listed under personal contact and recognition can be achieved within the team. Through team meetings and common projects, volunteers get to know co-workers as well as receive informal recognition from individual members or from the group as a whole. From the beginning a new volunteer is not isolated, but is included as a member of a group that at least shares an interest in the same type of work. Often people who have expressed interest in similar jobs find other interests in common. (See also Lopez and Getzel, 1987a, b; Tehan, 1986.)

In-Service Training

Important elements in the volunteer programs at SFAF, GMHC, and AAC are opportunities for in-service training. Only after beginning the work does it become apparent to each volunteer exactly what s/he needs to know and where there are knowledge gaps. Often it is best to ask the volunteers to suggest topics for the trainings. Program managers should anticipate the need to address topics which, due to their complex and problematic nature, require follow-up (for example, addiction, grief, medical treatments, home care needs, and family relationships). Workshops providing both technical training and the opportunity to discuss personal feelings and reactions are the best way to handle these issues. Often there are a variety of personal issues, prejudices, and needs behind seemingly technical questions. (See also Lindhorst and Mancoske, 1993; Hooyman, *et al.*, 1988).

Job Changing

A point emphasized in the interview with AAC staff is giving volunteers the opportunity to change jobs in order to retain those volunteers who have been involved in particularly strenuous work and need an emotional break. The agency and the program managers must be flexible enough to provide for a relatively easy way in which volunteers can find another position within the agency, even if it

means changing departments. If there are no options, volunteering at the agency can become associated with trying to succeed at impossible tasks, leading to attrition of volunteers. In allowing volunteers to change jobs, it is also possible to promote them. For example, the volunteer who has worked with dying clients over the last several months can be offered the opportunity to coordinate the activities of others who are working with those who are dying. The experienced volunteer can thereby remain in the work, but at another level, so as not to be in direct contact with death and dying. There also needs to be the opportunity for volunteers to take a break from volunteering at the agency. These breaks allow for renewed energy and new perspectives regarding the work when the volunteer returns. (See also Bruhn, 1990; Hooyman, *et al.*, 1988.)

Evaluation

All three large ASOs consulted find it helpful to build formal evaluation processes into their volunteer programs. In many cases this means talking with volunteers to find out what they think about the working conditions and the agency as a whole. Being asked one's opinion is, in and of itself, offering a kind of support because, as a result, often the volunteer will feel valued and cared for by the agency.

These conversations can be an important source of information and can help strengthen the volunteer program, improve recruitment strategies, and increase the involvement of volunteers within the decision-making structures of the agency. In addition, such conversations serve a preventive function. Volunteers who have complaints or who are experiencing problems can ask for advice from the person conducting the interview. The interviewer can refer them to the appropriate individual within the organization and help the volunteer strategize how to bring up an issue or how to approach co-workers. The evaluations can be conducted by a paid staff person or another volunteer either by phone or in person. (See also Kayal, 1993.)

Supervision

The most important element in supporting the work of volunteers is the provision of appropriate supervision, a point raised in the literature and in conversations with both GMHC and AAC. The staff person assigned to supervise the volunteer provides day-to-day oversight and support as well as arranging for regular formal supervisory meetings. Volunteers working with clients also receive clinical group supervision.

Typically volunteers are assigned to small groups of six to eight volunteers who perform similar tasks at the agency. Each group has a fixed membership and meets on a regular basis to best provide the structure and expertise which a supervisory group can offer. The groups are led by volunteer clinical professionals who are often supervised by a paid staff person at the agency. (See also Hooyman, *et al.*, 1988; Jimenez and Jimenez, 1990.) Lopez and Getzel (1987a) provide an overview of the developmental phases of such a group.

In addition, GMHC, AAC, and SFAF offer open support groups in which volunteers also can participate in order to receive help regarding such specific areas as grief, women and AIDS, bisexuality, or being HIV-positive. They can also learn new coping skills, for example, yoga, meditation, or massage. These sessions can be especially helpful for volunteers who do not directly work with clients and therefore usually are exempted from formal supervisory or clinical group meetings.

By implementing the multi-faceted strategy described thus far, ASOs seek to assist volunteers to identify and cope with their internal reactions to the work they are performing. In theory, current models practiced at the ASOs studied reflect the findings of the research cited earlier. They allow volunteers to identify their motivations for working at the agency, and to find ways to meet underlying expectations and needs. Substan-

tive contact with other volunteers and paid staff, along with appropriate supervision, provide the necessary foundation for the type of personal responsibility that needs to be established in successful volunteer programs. To what extent current models actually fulfill the needs of volunteers has not been studied.

VOLUNTEER MANAGEMENT

There is a strong consensus among the ASOs consulted that a formal management structure is needed to support the work of volunteers. This means hiring a director of volunteers, or at least designating a current staff person to be responsible for volunteer coordination and support. The position entails the planning and implementation of all recruitment, training, and retention strategies for volunteers at the agency. Volunteers can be assigned to help the coordinator in performing these functions.

An important part of coordinating the activities of volunteers is to collaborate with other staff and supervisors at the agency who generally have more contact with the volunteers on a day-to-day basis than the coordinator does. Coordinators at GMHC and AAC report some difficulty in convincing program managers that the volunteer management methods outlined above need to be incorporated into the structure of the individual programs themselves. Program managers readily accept the concept of needing to provide active support but, within daily program operations, the needs of volunteers can be easily overshadowed by those of the clients. The volunteer coordinator needs to provide ongoing advocacy for volunteers within the agency. A helpful tool is to spell out in writing the roles and responsibilities of both paid supervisory staff and volunteers, including providing clear job descriptions for volunteers.

A problem often encountered in volunteer coordination is the fact that paid supervisory staff may not be receiving the kind of support they are expected to give volunteers, a problem which has

arisen at some ASOs. It may be the case that the paid program managers receive inadequate or irregular supervision, making it difficult for them to respond to the request to provide such structure for the volunteers they supervise. Under such circumstances the volunteer coordinator can take on the role of advocate for structural change within the agency as a whole. The principles of volunteer retention are simply the application of the principles of successful personnel management. Staff retention and volunteer retention go hand in hand. (See also Andersen and MacElveen-Hoehn, 1988; Hooyma, *et al.*, 1988.)

CONCLUSION

Volunteerism has been the cornerstone of HIV/AIDS services since the founding of the first AIDS service organizations in the early 1980s. The work of volunteers continues to be an integral part of care in the face of limited resources and the spreading epidemic. As existing ASOs seek to improve and expand services, and communities seek to establish new organizations to combat the disease, a practice model for volunteer programs is needed to facilitate the most cost-effective and efficient delivery of service. This article provides a synthesis of a diverse literature base, and the current practical experience of three leading American ASOs to serve as a starting point for further discussion.

To avoid attrition, characteristics and motivations of volunteers are important to understand in order to establish the necessary structures to provide effective recruitment, training, and support. Current research and practice offer a baseline for agencies to consider in order to provide responsive volunteer programs which reflect the real needs of those performing the work.

Many of the elements of HIV/AIDS volunteer programs need empirical study. The following fundamental questions need to be answered: How important are demographic similarities between volunteer and client? What are the

motivating factors most important to women, African Americans, Latinos, and drug addicts in recovery who volunteer at ASOs? What is a realistic expectation for the length of volunteer service in AIDS work? How effective are volunteer retention strategies in providing adequate support and preventing burn-out?

It is also necessary to look beyond the field of AIDS work to consider how volunteers work in other social service agencies. A next step would be to critically examine the elements identified within this article in light of the work of non-AIDS providers and the findings of the wider literature regarding volunteer management.

In continuing to develop volunteer services for people with HIV/AIDS, agencies allow members of their communities to learn first-hand about the realities of living with HIV, and offer the opportunity to improve service delivery to those in need.

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ABSTRACT

This article analyzes the results of a survey of volunteers, offenders, and personnel working with a new volunteer mentoring program in corrections in Oklahoma. Despite support for the program from each group, problems arose caused by inadequate training given the mentors due to a lack of time and resources. After discussing similar volunteer programs in corrections in Missouri and Washington, the study concludes that a Catch-22 arises in programs when a lack of funds forces corrections agencies to turn to volunteers, but prevents them from providing the kind of support and training necessary for program success.

The Catch-22 of Reinventing Corrections: Training Volunteers to Offset Costs

Michael Connelly, Ph.D.

Whether through "reinventing government" or "contracting with America" (Osborne and Gaebler, 1992; Fineman, 1994), Democrats and Republicans in the United States in recent years have made much of supplementing the provision of public service with volunteers. Almost magically, it seems, volunteers will step into otherwise vacant areas of need with the knowledge, training, and ability to perform many necessary functions previously left undone. The theory is that this will allow fiscally strapped governments to do as much, or more, for public services even as their funding decreases. Lest this picture be considered extreme, the reader is invited to search all of *Reinventing Government* (Osborne and Gaebler, 1992), the Bible of "reinventors," for even one reference to training programs or the needs or costs of volunteers. The increasing demands on tax dollars may force us to consider a greater deployment of volunteers for service delivery, but only if there is an in-place and functioning infrastructure for effective volunteer involvement.

Before making a commitment to include volunteers in service delivery when funding is unavailable, we should examine cases in which volunteer programs have or have not been successfully implemented. In doing so, we may dis-

cover factors that "reinventors" and "contractors" should consider if their prescriptions for solving the problem are to be effective. What follows is a study of volunteers in Oklahoma corrections.

VOLUNTEERS IN PROBATION AND PAROLE SERVICES

Corrections is an area in which declining revenues have not always been able to keep up with increasing demands in every state. As prison populations rise, alternative sentences increase in number, and services to meet needs grow, corrections departments across the nation have to determine new ways to deliver needed programs or face ever more shrill demands for services (Corrections Today, 1993).

Oklahoma is a leading state in offenders incarcerated per 100,000 population (Hoerber, 1994) with more projected in the future (State of Oklahoma, 1994b). The state has forced its Department of Corrections to become more innovative in meeting public demands. In response, the department's leadership has publicly embraced "reinvented government" (State of Oklahoma, 1994c). Its current director has stated, "It is the spirit of volunteerism which has been the backbone of this nation since its inception." Volunteer programs offer "great potential for . . . needed

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support, the enhancement of services to employees and offenders, and the education of the public." Further, while the programs are projected to save the department the equivalent of at least \$2 million annually, they "also provide thousands of citizens with a better understanding of our needs and our dedication to their safety" (State of Oklahoma, 1994a).

As part of the move to "reinvent government," the Oklahoma Department of Corrections developed a volunteer division in its prisons and probation and parole districts supported by a central administration officer and staff personnel (State of Oklahoma, n.d.). It encouraged experimental programs in which volunteers would supplement existing professional staff in the delivery of services. This effort would not eliminate existing staff positions, but bring in assistance for services not otherwise possible. The Fifth Probation and Parole District in Oklahoma developed several volunteer programs, including a mentoring program for parolees staffed by retired community members in Stillwater.

Under the auspices of an evaluation grant in 1994 from the Oklahoma Department of Corrections and the Oklahoma Criminal Justice Research Consortium, the author interviewed and surveyed offenders, correctional officials, and volunteers. The interviews were unstructured and exploratory, while the surveys were mainly open-ended and targeted to particular topic concerns. Of 11 mentors who started in the program, nine responded, and eight returned surveys. Three of the five offenders in the mentoring program returned surveys, as did all three correctional officials involved.

Of concern in the larger-scale evaluation were the perceptions of volunteer skills and training and their effectiveness in achieving the desired outcomes. This article describes the findings and attempts to explain participants' conclusions. The findings will be compared with evaluations of volunteer programs in Washington and Missouri to better il-

luminate those factors that must be considered when designing similar programs in the future.

THE MENTORING PROGRAM IN OKLAHOMA

The idea of matching well-respected community members with selected offenders to assist them in reintegrating into the community is certainly not new. One of the first modern volunteer service programs, started in Michigan in 1959, was premised on the concept (Leenhouts, 1974). Despite its long history, however, "mentoring" is still not well defined.

While consensus has not been reached on its exact nature, mentoring usually is considered "a relationship in which a person with greater experience, expertise, and wisdom counsels, teaches, guides, and helps another person to develop both personally and professionally" (Lawrence, 1993). In corrections, the opportunity to bring together well-regarded, established citizens with appropriate offenders is perceived to provide role models and the tools to allow the offender to re-enter the community successfully.

That, at least, was the hope of Paul Anderson, district attorney for Payne and Logan counties, when he approached the Oklahoma Department of Corrections for its help identifying selected offenders for a pilot mentoring program in Stillwater, Oklahoma. When his proposal was accepted, he asked members of a civic organization and his church to act as mentors to these offenders. The prospective mentors were active retirees who had successful careers and performed distinguished service in the community.

Of the eight mentor respondents who completed all or part of the volunteer survey, all were male retirees with a mean age of 73.9 years. Five were married and one was single (widowed). Five were Caucasian-American and one was Native American. Six said they had children, the mean number being 3.7 per respondent. Education levels were quite high: Of the

seven answering the question, all had graduated high school, two had some college, vocational-technical or a bachelor's degree, and four had graduate degrees. Two possessed doctorates. Four respondents to the question on the nature of their current volunteer activities replied that they were service/professionals (occupational categories such as teaching, law, management, etc.) and volunteered an average of 10.25 hours per week. The volunteer mentors were a highly active and educated group.

The three offenders were not very forthcoming in their responses. However, their reactions to the volunteers seemed, overall, positive. "My impressions of them are for the best," stated one offender. Said another, "I believe they all have good intentions." Two offenders indicated that "more volunteers of the same type are needed" while one felt that "the number and types of volunteers are just right." A further sign of positive reaction to the volunteers was the response of two offenders who said that, if allowed, they themselves would volunteer to provide services to the Oklahoma Department of Corrections (DOC). The experience of the offenders seemed to be positive, if not overly enthusiastic or very significant.

An ambivalent reaction was found among the three DOC personnel familiar with the Stillwater mentors and offenders. They ranged in age from 26–45 years, with a mean of 9.5 years in DOC ($n=2$). Each had bachelor's degrees. One indicated "a great deal" of weekly contact with the volunteer mentors, one "some," and one "not much." While one agreed that "the number and types of volunteers are just right," the other two felt that "more and better volunteers are needed." Thus, the DOC personnel seemed favorably disposed toward volunteers, but had doubts about the volunteer program and the quality of the volunteer mentors.

There was consensus on the need for more services among the DOC respondents. Faced with what all three indicated was, at best, a skeptical public

needing better education and community projects to improve offenders' images, they agreed that the offenders required programs such as literacy, job training and search, and family and substance abuse counseling. They all recognized that helping to reintegrate offenders into the community would cut recidivism. The DOC respondents agreed that volunteers could play an important role in providing these necessary services. Counseling, tutoring, transportation outside the prison, and record-keeping were mentioned as needed services that could be provided by volunteers. Any law enforcement or other professional responsibilities, however, were uniformly seen as unwise and dangerous for volunteers to undertake. Again, the reason for starting the programs was to supplement, not replace, professional correctional staff.

Although the DOC personnel had doubts about the program and the abilities of the volunteer mentors, they liked those with whom they had worked. They were impressed with "their energy, excitement, and dedication" as well as "the mere fact that they would volunteer their time." According to one respondent, "[Volunteerism] provides extra hands, feet, and voices. It assists officers in reducing the hours spent on lower risk cases." Another stated, "I feel it's a helping hand for staff, inmates, and their families."

Reservations existed, however. According to one DOC respondent, "staff needs to be allowed work time to work with volunteers. I feel a lot of pressure to support this type of activity, but no chance of time being allowed to work extra." The implication was clear that, while response to volunteers may be positive overall, more time and effort were needed to integrate them into the operations of the department and to gain the acceptance of DOC personnel. As one respondent concluded, "[Volunteers] work well when the volunteer has a clearly defined role or duty to perform." Apparently that goal had not been fully achieved in Stillwater at the time of this study.

For their part, the volunteer mentors mostly agreed and sympathized with the correctional officials' need for assistance. "I feel they want to help resettle their clients," said one, "but have too heavy a load, and lots of them [the clients] don't want help." Stated another, "It appears that the services provided are inadequate to rehabilitate parolees. Staff does not have enough time to prepare parolees for using volunteers who serve as mentors." One specifically recommended that DOC put in more time educating offenders as to the importance of what the mentors offered: "Staff should prepare parolees for seeing mentors, and help them develop some expectation that folks are available to help them develop life goals, etc."

Some mentors criticized the lack of DOC training for volunteers. Said one, "My limited experience with the program leads me to believe that there are some basic factors which need to be clarified for those who volunteer." Another complained that, "Volunteers are not adequately trained to help parolees to seek a higher quality of life." Echoed another, "[We need] adequately trained staff to supervise volunteers. Volunteers need to understand their roles with the department and their parolees." Yet another summed up:

It appears that the parole officers have a heavy workload and little time to spend with their untrained volunteers. The role of the volunteer is unclear: Is s/he to assume the role of a parole officer? What supervision should be provided and by whom? What is the guideline for the amount of contact which the parolee and volunteer have?

In fairness to DOC staff, the DOC respondents expressed similar concerns, indicating that responsibility for this particular problem rested above the operational level where control of resources and priorities lay.

When asked what changes they would recommend in the way DOC selects, trains, and/or assigns volunteers, or how

DOC could increase the numbers and involvement of volunteers in their programs, this active and well-educated group of retirees had well-thought-out suggestions in light of their experience with the mentoring program. One recommended getting more mentors involved and "work[ing] them into the program gradually. Always start them out with cases that have promise of fulfillment and reward of success." Another proposed "a task force made up of a variety of professionals [to] review the problem and plan what can be done to get a viable program established. How can it be reorganized, what is the role of volunteers, how should volunteers be selected, trained, and used, etc.?" Another suggested DOC emulation "of other agencies which have had experience with volunteer workers for many years. Hospice organizations are a good example of this; the training programs they have, and the contact and support they maintain with their volunteers, are very productive and successful." All these recommendations were related to management and training.

In their responses to the final question on their willingness to volunteer again, and bearing in mind what they now knew about the mentoring program, only four respondents answered this question at all, and two answered with question marks. The other two answered "yes." Note that no respondent said "no." The reasons given reiterated a belief in the program's value but also that, at this point, it was not time well spent. The mentors felt that the program's intentions were worthy, but, for various reasons—most importantly, a lack of adequate training and clarity—its potential was still yet to be fully realized. On the other hand, as we have seen, DOC personnel, while supportive of the program for the most part, did not believe they had the time or resources to improve the inadequate training.

In summary, the offenders, DOC personnel, and the mentors all viewed the potential of the Stillwater mentoring pro-

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teers and DOC officials focused on the
perception that the role and/or duties of
the mentor were not well taught or
clearly understood by the participants
prior to the program’s inception. All
agreed that better initial training was
vital, but that little or no time was made
available to staff to provide it.

EXPERIENCE OF OTHER STATES

How does the Oklahoma experience with volunteer mentoring in corrections compare to similar correctional efforts in other states? While equally thorough evaluations on the topic are rare, departments of corrections in Missouri and Washington have recently undertaken related work which tends to verify the conclusions reached here.

Missouri

Missouri’s Volunteers in Correction Program began in 1971 with the intent “to increase personal contact with the client, broaden community resources of the agency, increase public awareness of the correctional system and develop management skills in officers” (State of Missouri, 1990). According to the report, the involvement of volunteers peaked in 1983 with 613 volunteers working in volunteer programs in all 40 district offices. At the time of the report, the number of volunteers had dropped 48.5% to 316, and only 75% of district offices had volunteer programs. The report, written in two parts in 1989 and 1990, was a response to the decline.

Staff turnover and inadequate training of staff and volunteers had “left us with a line staff which does not understand even the basic concepts of volunteerism” (State of Missouri, 1990). Many paid staff

apparently believed volunteers to be “a waste of time,” “not effective,” and thus “a lower priority in a busy schedule.” However, strong majorities of managers indicated a willingness to allocate line personnel time to volunteer supervision and program planning. On the other hand, only about half the managers allocated \$10 or more per volunteer for support materials, provided office or desk space for volunteers, regularly discussed activities with volunteer coordinators, or paid the latter a supervisor’s salary. The report concluded that the “dichotomy between a generally positive attitude toward volunteers on the part of managers and a lack of resources for volunteers appears clear” (State of Missouri, 1989).

The report concluded that: “Managers are willing to give more time and resources to volunteers. Line staff see value in the use of volunteers to ease their workload and are willing to spend some time supervising them” (State of Missouri, 1989). The key concern was training. “Directors of volunteer programs do not believe they have been adequately trained for the job. Staff do not believe that volunteers are adequately trained” (State of Missouri, 1989). The Task Force recommended that the documented decline in effectiveness could only be addressed through more and improved (1) communication, (2) demonstrated commitment from the administration, (3) adequate staff allocations, and (4) training (State of Missouri, 1990).

Washington

The Pine Lodge Prerelease Program in eastern Washington began in 1990 under the Community Involvement Program at the Pine Lodge Corrections Center. In January 1990 offenders went on a first volunteer escort trip as part of the institution’s Community Reintegration Program (apparently a unit of the prerelease program, although the report does not make this clear). By 1991, participation by both offenders and volunteer escorts had grown. For example, in 1990, 2,656 of-

fenders with 620 volunteer escorts went on 450 outings; in 1991, 3,137 offenders with 694 escorts went on 576 outings, with only one escape. Most of the outings were to churches or meetings of Alcoholics or Narcotics Anonymous (State of Washington, 1992).

The assessment's Executive Summary compiled the following conclusions about the first two years of the program from surveys and interviews of offenders, volunteers, and staff:

1. The volunteer programs were generally accepted by staff, volunteers, and offenders.
2. The volunteer program generally did not have sufficient resources and could have been strengthened by additional funding and staff.
3. According to staff, volunteers were not as well trained as possible, although the volunteers felt comfortable with their orientation and training.
4. Volunteers and their programs were seen positively by the surrounding community.
5. Communications could have been enhanced between volunteer programs and related units, as well as with staff generally.
6. The Community Reintegration Program was unique in Washington and judged effective by all survey participants (State of Washington, 1992).

In light of these findings, the final report recommended that managers of the prerelease program focus on maintenance, evaluation, and improvement of program mission, power and accountability, communication, recruiting, screening and placement, team-building, recognition and support, and, most notably for our purposes, training and resources.

DISCUSSION

The common denominator among the adjudged successful and growing volunteer correctional program in Washington, the moderately successful but declining program in Missouri and the, as yet, unsuccessful and moribund program in

Oklahoma, is the need for more training of volunteers before they can deal adequately with service needs. However, in all three cases, resources were also perceived as inadequate to provide the training perceived as necessary, thereby undermining the ability to deliver the promised services.

In effect, a classic Catch-22 is at work here. *Catch-22*, the title of Joseph Heller's 1961 best-selling novel, is defined by the *American Heritage Dictionary* as "a situation in which a desired outcome or solution is impossible to attain because of a set of inherently illogical rules or conditions." Faced with increased demands but decreased funding, governments seek to tap the "free" resources of volunteers to support and/or to supplement the work of existing staff. However, many of the services to be provided require extensive training, advance preparation, and ongoing supervision by staff. This requires more resources, the lack of which stimulated the interest in volunteers in the first place.

For some programs, such as the Oklahoma mentoring program, no good way out of the Catch-22 appears likely. Although a core of experienced volunteers might one day take over the training and development of the program, a period of "transition" in which paid staff prepare for their involvement will probably prove too costly, given the financial constraints that DOC currently faces. A similar fate undoubtedly awaits other government agencies and programs other than corrections that are caught in the same Catch-22.

Does this mean that all volunteer programs should be considered skeptically? Of course not. But policymakers seeking to add or supplement programs with volunteers must give more attention to the costs of the "transition" period in which the personnel of fiscally impaired agencies must train and prepare for them. In starting new volunteer programs in probation or parole, agency personnel must be given the time and resources to ade-

quately train and prepare for new functions and duties. The volunteers themselves can later deliver the training and provide the cost savings that are hoped for in service delivery. However, if the initial time and resources are not provided, and paid staff must fit the work into an already heavy workload—one of the factors that precipitated the call for volunteers to begin with—the fate of programs such as the Oklahoma mentoring program will be common. We are left with the ironic observation that the best time to plan and develop volunteer programs for public service delivery would seem to be when they are needed the least.

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ABSTRACT

This research has focused on a partnership between a private sector home health care entity, the Visiting Nurse Associations of America (VNAA) and the public sector Senior Companion Program (SCP) of the domestic volunteer agency now a part of the Corporation for National and Community Service. This research examined the partnerships between the two agencies in 18 local demonstration sites in order to assess how a home health agency worked. Specific areas reviewed were administration of the partnership, communication patterns between the agencies, areas of conflict, the future of the liaison, and how effectively volunteer performance matched original expectations.

A Senior Volunteer/Home Care Agency National Collaboration: Assessment of the Partnership

Jean Carroccio, Laura Wilson, Jeff Pryor, Lori N. Marks, J. Kelly Nippes

This article reports on the effectiveness of partnerships between public volunteer agencies and private home health agencies in providing both quality care to clients and opportunities for volunteers in health care. In order to examine the effectiveness of public/private partnerships, this article draws on an evaluation study that focused on the partnership effectiveness outcomes of a demonstration project entered into between ACTION, the federal domestic volunteer agency (now the Corporation for National and Community Service), and the Visiting Nurse Associations of America of Denver, Colorado (VNAA).

The primary mission of the demonstration project was to improve the scope and quality of home-based care for the frail elderly in order to assist vulnerable elderly in maintaining their maximum independence in the community. The specific involvement of the two agencies was de-

signed to expand the scope of home health care to the elderly through the addition of senior volunteers to the home care team.

While specifically focusing on the elderly population, this project demonstrates the potential benefits of collaboration between volunteer organizations and home health agencies. The evaluation of this demonstration project addresses the following general issues about public/private partnerships:

- How effective is the cooperation between a private home-health agency and a public sector volunteer agency in meeting service objectives?
- Did the partnership fulfill the original expectations of the agencies involved? Did the expectations vary by type of agency?
- Did the partnership fulfill the objectives established for the extension of community-based care?

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- What were the particular strengths and weaknesses of the senior volunteer/home health partnership concept?
- What administration and organizational culture issues inherent in health and social service agencies supported or weakened the partnership?
- What is the projected future of these partnerships?

THE DEMONSTRATION PROJECT: BACKGROUND

The SCP/VNAA Public/Private Partnership developed in recognition of the fact that the United States' growing need for home and community-based long-term care services for it increasingly aging population. The partnership was to assist older persons in maintaining themselves in the least restrictive setting possible.

The growth of home health care has been a response to a change in the way health services are delivered in the United States. According to the Centers for Disease Control (Dey, 1996), "The proliferation of home health care agencies in recent years leaves no doubt that this is one of the fastest growing segments of the U.S. health care system."

The U.S. Industrial Outlook (1994) estimated that there were 12,500 home health care agencies in the United States in 1992, more than half of which were Medicare-certified. In the period from 1987 to 1992, both proprietary and Medicare-certified home health agencies grew extensively. The need for this growth was clear: as many as 20% of the aged had unmet needs in functional, medical, and transitional support (Hing, 1984). The recent growth in home care compounds the labor market issues pointed out by MacAdam (1989) who suggested that the current supply of paraprofessionals working as personal care attendants, home health aides, and homemakers in the home care industry was only 60 to 70% of what was needed, potentially creating reduced capacity to respond to community service demands. As a result of the changes in health care delivery,

and the continuing unmet service needs for community-dwelling older persons, Congress wrote amendments to the Domestic Volunteer Services Act of 1973 to authorize new demonstrations under the Senior Companion Program that specifically authorized low-income senior volunteers to work with the elderly in areas in which unmet needs were known to exist. These needs included mental health and Alzheimer's disease, respite for family caregivers, and assistance to the homebound elderly.

In understanding the effectiveness of this public/private partnership, it is necessary to have background on each of the organizations that came together to create this innovative project.

The Senior Companion Program (SCP) was authorized under the Domestic Volunteer Service Act of 1973 to extend volunteer services by low-income seniors providing care to adults with special needs. In 1981 Congress mandated part-time stipended volunteer opportunities for low-income persons age 60 and older. The intent was for the volunteers to help meet community needs by providing supportive services to adults with special needs in health, welfare, and social isolation. One-to-one assistance is provided to persons with exceptional needs, developmental disability, or special companionship needs.

SCP was operated by ACTION as a grants program which funds local non-profit or governmental organizations to operate projects. The grant funding covers a portion of stipends, transportation, liability and accident insurance, and physical examinations for the volunteers. Low-income, elderly volunteers are recruited as Senior Companions through community networks and must be available to work 20 hours per week serving three or four clients. Local SCP projects place volunteers with volunteer stations, non-profit community organizations providing services to the elderly. Each station recruits clients and matches the Senior Companions with the clients.

Senior Companions receive 40 hours of pre-service training and four hours per month of in-service training. Each companion receives a small hourly stipend, coverage for some volunteer service expenses such as liability and accident insurance, annual physical examinations, and meals. Support for each volunteer is about \$3,700 per year. The companions provide clients with companionship, light household tasks, transportation to health facilities, food preparation, and related tasks.

The Visiting Nurse Associations of America is a nationwide coalition of non-profit, community-based and community-supported visiting nurse organizations. Each organization is governed by an independent, voluntary board of directors. The Visiting Nurse Associations provide home health services developed in response to community-based needs. The services include such areas as home health care, respite care, hospice services, meals-on-wheels, health education, and physical, speech, and occupational therapy. These services are reimbursed through Medicare, Medicaid, or underwritten by United Way, third-party payers, donations, and grants. The intent of the spectrum of services offered is to provide a broad range of services allowing clients to remain in their homes.

The federally-funded Senior Companion Program joined with the non-profit Visiting Nurse Associations of America to fulfill the following objectives in the SCP/VNAA demonstration project: 1) to supplement and enhance the formal community care of Visiting Nurse Associations by providing personalized senior volunteer assistance to older persons to help them live independently; and, 2) to effectively use the unique contributions of low-income volunteers over the age of 60 by channeling their skill, dedication, and energy to help improve the quality of life of frail elderly clients living at home. Eighteen national sites were chosen where an existing Senior Companion Pro-

gram and a Visiting Nurse Association could work together in training, placing, and supervising Senior Companions to work with the Visiting Nurse Association home care team in expanding services.

PROGRAM MECHANICS AND OBJECTIVES

In each site Senior Companions were recruited to participate in the specialized training and extended home-based volunteer service associated with the VNA program. The companions were then carefully matched with VNA clients who were recently discharged from either a hospital or a nursing home setting to their own homes. Clients were chosen for participation in the program who were particularly at risk either because they lived alone, or because family caregivers were over-extended and in need of respite assistance. Companions were trained to provide light household and personal care assistance, companionship, transportation, meal preparation, and related tasks for 10–20 hours per week, per client.

These services were provided as an expansion of the regular services available through VNA. Nursing visits, chore services and therapy services were provided according to the VNA care plan. The role of the Senior Companion as a part of the home care team was unique in that the companion usually spent more hours per week in the client's home than other health team members.

The role of the companion was not only to provide services, but also companionship. Extra hours spent by the volunteer provided the members of the home care team with "eyes and ears" in the home on a more time-saturated basis. With this extension of coverage, it was hoped that a frail client's daily needs could be more readily met, and that any potential problems might be quickly brought to the attention of the VNA team by the companion.

The SCP/VNAA partnership hoped to achieve the specific benefits outlined as follows:

- To keep the elderly out of institutions for as long as possible by enhancing their ability to live at home and to remain as active as possible in the community;
- To provide respite care for family members who are at times under such intense pressure from providing basic care that they find themselves unwittingly either neglecting or abusing a family member;
- To increase clients' perception of their own health status;
- To provide companionship and social interaction for both the volunteers and clients; and
- To increase the quality of care that VNA can deliver.

ASSESSMENT OF THE PUBLIC/PRIVATE PARTNERSHIP

A combination of research evaluation methods was used to assess the extent to which the public/private partnership achieved its objectives. A telephone survey of SCP and VNA project coordinators provided descriptive data and self-reported evaluative measures in site demographics, client data and functional ability, volunteer demographics and performance, fulfillment of partnership objectives, governance of the advisory board, decision-making processes, level of integration and satisfaction of the partners as well as replication potential. Eight site visits were completed to further define the nature of the partnership in each location. Finally, the Organizational Culture Index was administered to staff representatives from both agencies in each of the 18 sites to assess whether a particular kind of organizational environment was more conducive to a successful partnership than another, and to determine if there were any apparent differences between SCP and VNA settings which might affect the partnership.

ADMINISTRATION OF THE PARTNERSHIP

The premise of this research project was that essential differences in the nature of

volunteer organizations versus home health agencies might impact the viability and effectiveness of the collaboration between the two agencies in the 18 sites.

The partnership began with each potential site submitting a grant application to the VNA headquarters indicating how the two organizations would work together in that site to incorporate the Senior Companion volunteer into the home health care team. Telephone interview respondents indicated that with regard to the demonstration project in their location, the areas of responsibility most commonly identified as associated with the SCP sponsoring agency were professional expertise, serving as a liaison, long-range planning and policy, sponsorship, and contracts. SCPs were responsible for volunteer recruitment for and contacts with the sites where they worked. The areas least ascribed to the sponsoring agency were supervision and day-to-day program operations. VNAs were responsible for training and technical expertise, and least often described by respondents as involved in volunteer recruitment and long-range planning and policy.

Respondents reported that both the SCP and sponsoring agency had a less clearly circumscribed and defined role among the partners across the 18 sites, with a variety of responses given regarding their primary roles. The VNA seemed to have a more standardized role across the 18 project sites, while both the sponsoring agency and the SCP varied from project to project. Respondents reported that the sponsoring agency's most important roles were financial resources and sponsorship. The most important roles for SCP were supervision, financial resources, and training. The most important roles for the VNA were supervision and training. The one function all partners agreed their roles included was training.

As multiple agencies were involved in each partnership, effective administration and decision-making among the partners was complex. Most respondents said that various combinations of agen-

cies, including the sponsoring agency, SCP, VNA, the advisory council for the partnership, the federal government/ACTION, and VNAA/national office were involved in determining policies. Almost half of the respondents indicated that the partners consulted each other in the decision-making process. Two primary impediments were identified in the decision-making process: the pressure to act immediately, and confusing or contradictory information.

The majority of respondents listed having common objectives, dedication, commitment, and open communication as the most important factors in the integration of the partnership. These factors may have contributed to the integration between health and volunteer organizations involved in the partnership. The single most important factor contributing to organizational integration was having common objectives.

With two functionally different types of organizations participating in the 18 SCP/VNA demonstration sites, it was anticipated that administrative conflicts might arise among the participating organizations. Half of the respondents stated that no conflicts had arisen. Among the other half who had experienced conflicts, decision-making, finances, and issues regarding the volunteers were the most frequently cited problem areas. In addition, problems meeting client requirements were also cited as a significant issue.

The area of conflict cited as having the most impact on the partnership was the recruitment or placement of volunteers. Of those respondents who identified conflicts as existing within their partnerships, 67% stated that the problem had been resolved. The remainder stated that the problem was not resolved, the partners had agreed to disagree, the situation was partially improved, or the matter was deferred.

SCP and VNA representatives listed the most common methods of communication among partners as project meetings, reports, telephone, and face-to-face

contact. Other methods used by a large number of partners included provision of service to clients, client records, and client case conferences. Respondents reported that the most effective method in maintaining communication between the partners were face-to-face (50%), telephone (22%), and client case conferences (11%). Forty-four percent (44%) of the sites stated that they met weekly with their project partners, 31% stated that they met monthly, and 25% stated that they met less than monthly. Respondents were also asked how often partners should meet or communicate: 39% said weekly while 31% said monthly. One staff member summed up her perspective on the partnership by saying, "This project works because of the people. The communication is excellent between the partners. Working together with leadership worked."

The success of any partnership may be greatly influenced by the characteristics of the individual organizations joining in the partnership. To assess this, key respondents from each agency were asked to complete the Organizational Culture Index, a tool tested and validated by Wallach (1983). It contains 24 items that describe characteristics of an organization and its leadership. Respondents were asked to rate these characteristics on a scale of 0 (does not describe organization) to 3 (describes organization most of the time). Overall, both agencies were most likely to find their organizations established, results-oriented, safe, structured, and procedural, indicating a strong bureaucratic profile for each agency as its predominant organizational culture. The organizational culture for both projects was significantly more likely to be seen as bureaucratic and supportive rather than innovative.

EFFECTIVENESS OF THE PARTNERSHIP

Respondents were asked to rate the effectiveness of their partnerships in a

number of areas. The majority of respondents found their partnerships effective or more than effective in all areas. Then the respondents were asked to identify the single strongest aspect of their partnership. The leading responses were pre-service training (19%), supervision (17%), and leadership (17%). The sites were also asked which aspects of their partnership they believed to be the most innovative. The leading responses were the integration of the volunteers into the health team (39%) and training (22%). Finally, the respondents were asked to rate the overall effectiveness of the partnership project in their site. Only one respondent rated the demonstration as less than successful, with the remainder (97%) rating their projects as successful, moderately successful, or highly successful.

Many comments were made during the site visits regarding the importance of the partnership and the ensuing program. One staff member stated, "The agency as a whole sees the program as a help to patients. Administratively, it is good public relations—it's an additional benefit to provide to clients." One administrator summed up her agency's involvement in the program by stating:

This program addresses the social and emotional roles of the companion as friend and supporter. The program is worth ten times its actual cost. The patients adjust better and the companions have incredible insight and rise a level above. This is a critical program to this agency and I am willing to look for resources to keep it. The companions add to service and actually support persons based on their needs as they see them. They take service beyond the care plan and are an extension of the VNA staff.

The survey respondents were asked if the services provided by the SCP/VNA volunteers were different from those provided by other volunteers serving in their agency. Forty-one percent (41%) stated that services provided by the SCP/VNA

volunteers were different from those provided by other volunteers. Those differences were defined by the majority of sites as more home health assistance provided, more contact with the family, more time spent with the individual client, and more consistent service of 20 or more hours per week.

FUTURE OF THE PARTNERSHIP

Respondents were asked what changes they would make in order to guarantee the future success of the partnerships. The most common responses were related to volunteer recruitment, assistance, and training. The majority (56%) of respondents said they would increase volunteer recruitment. Nearly half (47%) stated that they would give more assistance to help with problems experienced in doing volunteer jobs, and 36% said they would increase job-specific training. The remainder of the responses are provided in Table I.

Respondents speculated on the likelihood that their own partnership would continue. Approximately 81% of the respondents stated that their partnership would continue, and only one respondent did not anticipate the continuation of the partnership (17% were uncertain). The most common way (reported by 33%) in which the partnerships planned to fund the SCP/VNA volunteers was by incorporating them into the regular Senior Companion Program volunteer slots through the use of attrition and then assigning them to the VNA as their work site. The next most common method for continuing to fund the volunteer was stated as use of non-federal funds raised by the agency (25%). One agency director applauded the program, stating,

This program has changed the face of the agency and pushed the workers back into the community. It's a costly process, but it is worth it. It makes services more user-friendly and changes the nature of the services delivered, not

TABLE I

How would you strengthen your SCP/VNAA project in order to guarantee future success?

Responses	Percentage
Increase volunteer recruitment	56%
Give more help with problems experienced in doing volunteer jobs	47%
Increase job-specific training	36%
Acquire more information on volunteer interests or background	33%
Increase volunteer recognition	28%
Increase volunteer screening	25%
Increase initial training and orientation	25%
No changes necessary	6%
Other responses, specified by respondents:	
Fund raising	11%
Solve transportation	6%

just the location. When you are in a home, you can see the barriers to people getting what they need.

EFFECTIVENESS IN MEETING PERFORMANCE OBJECTIVES

A telephone survey provided the opportunity for SCP and VNA site representatives to rate each of the projects' performance objectives. The overall findings regarding the respondents' perspectives on effectiveness in meeting the project objectives were that for each objective evaluated, the overwhelming majority of the respondents stated that their project had performed either very effectively, or effectively. A summary of the percentage of responses which rated the objectives as effective or very effective is as follows:

Objective	% Rating Effective
Provide companionship and light chore assistance	97%
Provide caregiver support	94%
Provide additional support to patient	92%
Provide respite care	91%
SC is eyes and ears of VNA	89%

The two objectives considered by respondents to be most important to the overall project and to the client were: a) the Senior Companion being the "eyes and ears" of the visiting nurse when only intermittent health care is needed, and b) the Senior Companion offering companionship.

BENEFITS REGARDING VOLUNTEERS

Respondents were asked what contributions the demonstration volunteers made to the health team, to the station, to the client, and to the partners involved. The largest percentage of respondents (92%) stated that the volunteers provided regular assessment of client needs by being in the home on a more frequent basis than the team. Other high percentage responses were that the demonstration volunteers obtained new or additional information from the client or family (89%), they provided additional staffing (75%), or they performed tasks other members of the team did not have time to complete (72%). Overall, the primary contribution which the Senior Companion made to the health team was that of spending more time with the indi-

vidual client. The main benefit of the project to the sponsoring agency was the opportunity to help more clients. The main benefits cited for the SCP were the chance to place volunteers with a health team, and new kinds of opportunities for volunteers. Finally, 97% of the survey respondents said that the SCP/VNA volunteers were important to their organization, and that they would recommend the use of SCP volunteers to other health care organizations.

In the site visits, a number of anecdotes regarding the importance of the volunteer role were reported by staff, companions, and clients. The companions themselves said how important the program was for their own self-esteem and well-being. The program was seen as enhancing their quality of life, getting them out of their own homes, and keeping them active and viable in the community. Staff noted that once a companion was involved with the program, a number of changes took place. For example, they started to take better care of their personal appearance, dress better, and became more outgoing and communicative.

Staff indicated that they often asked companions to do a task that was difficult and when the volunteer persevered, the companion reported experiencing great pleasure from the success. One staff member summed up the program's impact by saying, "The program brings into the home a newness and freshness that might otherwise not be available for client or volunteer. There isn't anyone that hasn't learned something from this program. The companions bring their own wisdom to us."

SUMMARY AND CONCLUSIONS

The findings of this partnership evaluation indicate that the agencies involved in the local level demonstration sites highly valued the SCP/VNA volunteers and perceived their role to be of importance to their respective organizations. Essentially all of the sites (97%) described the SCP/VNA volunteers as important to their or-

ganizations and would recommend these volunteers to other health care organizations. The specific value of the Senior Companion was seen by the agencies as being the regular assessment of clients' needs through ongoing presence in the home, the ability to extend services, the capability of the companion to provide additional information to the home health team, and the placement of the companion in the home health team.

These benefits were strongly expressed despite the additional administrative and training burden placed on the agencies resulting from the demonstration. The importance and value of having this means of contributing to the health and well-being of the frail elderly living in the community through expansion of the home health team concept appeared to far outweigh the less effective aspects of having Senior Companions. At an administrative cost of approximately \$3,700 per companion, the SCP volunteer can be seen as a cost-effective way of expanding the concept of community-based home care and meeting the multi-faceted needs of older persons residing in the community.

A partnership between a senior volunteer agency and a home health agency should, therefore, be viewed as a viable means of increasing productivity in home care. The majority of site directors found the partnership to be effective in all areas. Essentially all of the site directors (97%) considered their demonstration partnership to be successful. An overwhelming majority believed that their partnership would probably continue after the cessation of demonstration grant funds.

While the partnership between a health-oriented agency and a social service agency created some differences in perspective on the specifics of utilization of the Senior Companions and on managing additional responsibilities, these factors did not impact on the positive attitudes which agency respondents perceived regarding the benefits of the partnership, and the value of the SCP

volunteer as a part of the home health team. Given the growing need for cost-effective home health services, and the relatively limited number of SCP volunteers available, expansion of this program and its potential inclusion as a part of fee-for-service home care services, or as a funded part of a long-term care insurance package, are options which should be considered based upon the outcomes of this partnership demonstration.

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Letters to the Editor

The Journal *welcomes letters from readers. Letters should be as brief as possible and must include writer's name, address, and telephone number. Those selected may be edited for length and clarity.*

Productive Retirement Project Underway

To the Editor:

In their article, "Productive Retirement: Stimulating Greater Volunteer Efforts to Meet National Needs" (Winter 1996), Robert Morris, D.S.W., and Francis G. Caro, Ph.D., recommend the establishment of a research and demonstration program to promote opportunities for more productive deployment of older volunteers in assignments with high levels of responsibility requiring substantial commitments of time. Such a demonstration/research effort is, in fact, currently underway in five cities throughout the country. Sponsored by the Corporation for National and Community Service, in partnership with Public/Private Ventures and the Johns Hopkins University School of Medicine, the "Experience Corps," teams of older adult volunteers, will be deployed in service to elementary schools in low-income areas in the five selected cities.

Serving 15-20 hours per week, Experience Corps members will be utilized in ways that help young people both directly (teaching special classes, coaching sports programs, providing immunization and health care services, etc.) and indirectly (performing community outreach, coordinating volunteers, assisting with program development, etc.). Overall, Experience Corps teams will be charged with achieving substantial impact on the institutions served and will assume significant leadership responsibility in the development and implementation of the demonstration initiative. The project research will incorporate implementation and outcomes analyses.

Selected through a national competition of the Corporation for National and Community Service's Retired and Senior Volunteer Programs and Foster Grandparent Programs, the five sites selected to participate are Minneapolis, MN; New York, NY; Philadelphia, PA; Port Arthur, TX; and Portland, OR.

Alina Molina
Director,
Community Service Society/Retired
and Senior Volunteer Program
New York, New York

Comments on Volunteer Administrators' Training

To the Editor:

After reading "The Impact of Volunteer Coordinators on Volunteer Programs: An Evaluation of Volunteer Maryland!" (Winter 1996) by James X. Bemby, Ph.D., I feel compelled to write and comment. Dr. Bemby states that "This study demonstrates that full-time, trained volunteer coordinators can have a significant impact on both increasing the number of volunteers and improving the qualitative aspects of a volunteer program."

Earlier in the article he describes how host site coordinators "participated in a one-month intensive training." I have been a volunteer manager for more than 15 years and I'm still learning. Part of me is annoyed that participants in a one-month training, no matter how intensive, are considered "trained." Another part of me is impressed that even such abbreviated volunteer coordinator training can produce such positive results. How about some research comparing volunteer commitment/retention in programs with neo-

phyte managers to those with veteran, "seasoned" managers?

In any case, thanks for a productive and informative publication. It *does* help me continue to feel like a professional.

Ona Rita Yufe
Director of Volunteers
Kaiser Permanente Hospice
San Diego, California

Dialogue on Hospice Volunteer Programs

To the Editor:

In "Direct Care and Nondirect Care Hospice Volunteers: Motivations, Acceptance, Satisfaction and Length of Service" by Beverly Black, Ph.D., and Pam Johnson Kovacs, M.S.W. (Winter 1996), the authors state in the first paragraph that "without volunteers these programs would not survive or would have to severely restrict their services." Evidently they are unaware that Medicare requires the use of volunteers.

"Do the motivations of direct and nondirect patient care volunteers differ and if so, how?" is the question asked that any first year volunteer administrator could answer. There are as many motivations as there are volunteers, and each one has his/her own reason for volunteering. Often these motivations are expressed as the "desire to help others" when it is not the basic, underlying reason.

On page 23 there is a statement containing the phrase "less positive attitudes about euthanasia." Never does hospice advise or recommend euthanasia. Hospice affirms life and regards death as a natural process of life.

Also on page 23 the authors state that "Activities not involving direct contact with patients . . . provided the least satisfaction for volunteers." This is a misstatement. Volunteers volunteer to do whatever they want to do. On occasion, and by request, they will undertake a job not particularly relished.

"Volunteering to fulfill a religious obligation was significant across the en-

tire sample of volunteers for explaining staff acceptance" (page 27). Most staff, particularly volunteer administrators, would never show partiality to a "religious obligation."

I applaud the authors' Discussion section where they state "volunteers gave service and consequently received feelings of acceptance and satisfaction in return" and "hospice programs develop an acceptance of a wide range of volunteers with diverse motives for volunteering who perform diverse activities" and that there were "no significant differences in feelings of acceptance or satisfaction between volunteers performing activities directly with patients and families, and those performing clerical or fund raising activities." Finally "staff acceptance plays an important role in maintaining the satisfaction for all volunteers" is probably the most important statement made in the article (quotes from pages 29 and 30).

I did not have the feeling that the authors understood hospice philosophy or hospice volunteers. By publishing this article you are demeaning the volunteer managers of all hospices and giving the wrong impression to your readers of what hospice is all about.

Mae B. Wilks, C.V.A.
Carrollton, Texas

The authors reply:

We thank the reader for her interest in our article. She stated that any first year volunteer administrator would know that motivations of direct and nondirect patient care volunteers differ. Our experience with volunteer coordinators does not support this comment. The volunteer coordinators we have spoken to strongly support our efforts and believe that empirical knowledge can be a valuable asset in confirming practice wisdom.

We disagree with the comment that there are as many motivations for volunteering as there are volunteers. Although there are, indeed, many and diverse reasons for volunteering, the literature on volunteerism clearly indicates a fairly limited and consistent list, as well as categories, of motivations for volun-

teering. Providing empirical information on how motivations and retention factors differ for direct and nondirect care volunteers contributes to the literature on volunteerism, generally, and that of hospice, specifically.

We were somewhat surprised that the reader took remarks from the article out of context. For example, she quoted us as making a statement about euthanasia in regard to hospice. If one reviews the context in which the statement was made, it is clear we were merely citing one of the few research studies on hospice volunteers that looks at retention issues. We were not addressing the view of hospice toward euthanasia.

Additionally, we fully agree with her comment that volunteer administrators would never show partiality to a "religious obligation." We say nothing about volunteer administrators showing partiality toward anyone. In our study we surveyed volunteers,

not volunteer administrators. We reported their motivations for volunteering and the level of acceptance they perceived from the staff. We found a statistically significant relationship. This has nothing to do with volunteer administrators showing partiality.

We feel that the reader's comment about the publication of the article demeaning volunteer managers is out of place. Numerous volunteer coordinators and directors of hospice programs have applauded our study, expressed interest in its findings and invited us to present our research at hospice meetings and conferences.

We regret that our study failed to provide the reader with any new or useful information in the area of recruitment or retention of volunteers, and would welcome any comments about how we could direct our research to be of greater value to her and to others who are interested in hospice volunteers.

THE JOURNAL
OF
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GUIDELINES FOR SUBMITTING MANUSCRIPTS

I. CONTENT

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

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

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

volunteerism: anything related to volunteers, volunteer programs or volunteer management, regardless of funding base (including government-related volunteers).

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

If this distinction is still unclear, feel free to inquire further and we will attempt to categorize your article for you.

II. PROCEDURE

A. Author must send three (3) copies of the manuscript for review.

B. Manuscripts may be submitted at any time during the year. THE JOURNAL is published quarterly: *fall, winter, spring and summer*.

C. In addition to the three copies of the manuscript, author must send the following:

1. a one-paragraph biography of not more than 100 words, highlighting the author's background in volunteerism;
2. a cover letter authorizing THE JOURNAL OF VOLUNTEER ADMINISTRATION to publish the submitted article, if found acceptable;
3. an abstract of not more than 150 words;
4. mailing address(es) and telephone number(s) for each author credited;
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D. Articles will be reviewed by a panel of editorial reviewers. The author's name will be removed prior to review to ensure full impartiality.

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

2. If a manuscript is returned for revisions and the author subsequently rewrites the article, the second submission will be re-entered into the regular review process as a new article.

E. Authors of published articles will receive two complimentary copies of the issue of THE JOURNAL carrying their article.

F. Copyright for all published articles is retained by the Association for Volunteer Administration and should be referenced when appropriate. Exceptions will be allowed only by prior arrangement with the editor-in-chief.

III. STYLE

- A. Manuscripts should be *ten to thirty pages* in length, with some exceptions.
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- E. Author is advised to use non-sexist language. Pluralize or use "he/she."
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When submitting a training design for publication in *The Journal*, please structure your material in the following way:

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GROUP TYPE AND SIZE: This should be variable so that as many groups as possible can use the design. Optimum group size can be emphasized or ways to adapt the design to various group sizes can be described.

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MATERIALS: List all materials including props, handouts, flip charts, magic markers, and audio-visual equipment.

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PROCESS: Describe *in detail* the progression of the activity, including sequencing of time periods. Use numbered steps or narrative, but clarify the role of the trainer at each step. Specify instructions to be given to trainees. Include a complete script of lecturettes plus details of the *processing* of the activity, evaluation, and application. If there are handouts, include these as appendix items.

VARIATIONS: If other ways of conducting the design are applicable, describe briefly.

If possible, include references showing other available resources.

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Further questions may be directed in writing to the editor-in-chief at the Association for Volunteer Administration or via e-mail (avajournal@aol.com).

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