THE JOURNAL OF VOLUNTEER ADMINISTRATION

Summer 1989

VII:4

ASSOCIATION FOR VOLUNTEER ADMINISTRATION

The Association for Volunteer Administration (AVA) is the professional association for those working in the field of volunteer management who want to shape the future of volunteerism, develop their professional skills, and further their careers. 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. AVA is open to both salaried and nonsalaried professionals.

AVA also has a special membership category that enables organizations with mutually-compatible goals to AVA to become Affiliate Members. Affiliates range from local associations of directors of volunteers, to statewide volunteerism groups, to national organizations. Affiliates, each with its own membership base, broaden the networking possibilities open to all AVA members.

AVA is an association run by its members. Active national committees include: Public Information; Professional Development; Resource Development; and Public Policy. 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 national issues of importance to volunteerism.

AVA is divided into twelve 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 performs, both for its members and for the field at large, are Certification and Educational Endorsement. 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 several informational newsletters and booklets, and THE JOURNAL OF VOLUNTEER ADMINISTRATION.

For further information about the ASSOCIATION FOR VOLUNTEER ADMINISTRATION, contact AVA, P.O. Box 4584, Boulder, CO 80306.

THE JOURNAL OF VOLUNTEER ADMINISTRATION is published quarterly. Subscriptions are a benefit of membership in the Association for Volunteer Administration (AVA). Non-AVA members may subscribe to THE JOURNAL at a cost of $24 per year or $65 for three years. Subscribers outside the United States and Canada should add $10.00 per year for additional postage and handling costs. Checks or money orders (payable through a US bank or in $US) should be made payable to: Association for Volunteer Administration.

Inquiries relating to subscriptions or to submission of manuscripts should be directed to the business office: THE JOURNAL OF VOLUNTEER ADMINISTRATION c/o AVA, P.O. Box 4584, Boulder, CO 80306.

ISSN 0733-6535

ABSTRACT

An in-house resident volunteer program can be a democratic, low cost, and innovative way for retirement housing facilities to provide desired activities for residents. Such a program can offer residents the opportunity for active participation, meaningful decision making, and continuous involvement, which in turn is associated with the maintenance of general well-being. A resident volunteer program in Memphis is described so that other retirement housing facilities may implement similar approaches.

Retirement Housing Resident Volunteer Programs

Marsha S. Shine and Jean A. Steitz

Gerontologists have long recognized the importance of the special environmental needs of older people, particularly in institutions and retirement housing (Altman, Lawton, & Wohlwill, 1984). Marans, Hunt, and Vakalo (1984) have found most retirement housing facilities to be supportive environments which cater to older healthy retirees who are interested in maintaining an independent life style. However, how seniors can continue their independent living within retirement facilities has been a neglected area in research and service related programs (Quinn & Hughston, 1984).

A majority of older people want to regulate their own daily routine. Those who live in retirement facilities want to be involved in the planning of their own entertainment and educational activities (Mellinger & Holt, 1982; Moos & Lemke, 1984). It therefore appears that a volunteer program which offers these highly active and independent older people opportunities for involvement would be beneficial. Indeed, a resident volunteer program can be a rewarding way of helping seniors continue an independent life style. The purpose of this article is to describe one quite successful resident volunteer program so that other communities and other retirement housing facilities may implement similar approaches.

THE OLDER VOLUNTEER

Much of the literature about older volunteers emphasizes the gratification and feeling of self-worth that may be achieved by the volunteer. Indeed, one of the main correlates of a volunteer role is increased self-esteem coming at a crucial time when many older adults have lost lifetime roles, are doubting their usefulness, and have decreasing opportunities for regular social interaction.

In evaluating the effects of long term participation in 20 national Retired Senior Volunteer Programs, Booz, Allen, and Hamilton (1985) found that the programs provided opportunities for social interaction and engendered feelings of usefulness and accomplishment. Continued program participation was associated with the participants' enhanced sense of well-being and outlook on life, while providing meaningful service and contributing indirectly to the national work force.

Fengler (1984), in comparing life satisfaction between elderly volunteers, employees, and participants in a meal site program, found that the strongest and most consistent predictor of life satisfaction for disadvantaged elders was participating as a volunteer for a Retired Senior Volunteer Program. Hunter and Linn (1980–81) found that elderly volunteers as compared to nonvolunteers had a significantly higher degree of life satisfaction, a stronger will to live, and fewer symptoms of depression and anxiety. In turn, many of those engaged in volunteer activities felt such work changed their lives for the better and provided a new focus for their attention. Kouri (1984) also found that programs like ACTION's Foster Grandparent Program and the Retired Senior Volun-

Marsha S. Shine is Assistant Director of the Memphis Jewish Housing Development Corporation in Memphis, TN. She is Corresponding Secretary of the Tennessee Network of Volunteer Administrators, Past President of the Memphis Area Association of Directors of Volunteers, and Vice President of Housing Owners and Managers for the Elderly of Greater Memphis. *Jean A. Steitz* is Associate Professor in adult development and aging at Memphis State University where she teaches and conducts research on volunteerism and other aspects of social gerontology.

teer Programs offered young elders opportunities for community service, while demonstrating that late adulthood can be a productive and rewarding time of life.

THE PROGRAM

Plough Towers is a HUD Section 8 high-rise residence for the elderly located in Memphis, TN. Plough Towers has had as a goal from its beginning to create an environment in which residents could gain a sense of self-worth, feel productive, and provide a service to the community. In order to accomplish this goal, the Board of Directors and staff developed a resident volunteer program shortly after Plough Towers opened in October of 1980.

Today, 62% of the 167 residents are involved to some extent in the volunteer program. Last year alone, volunteers contributed over 20,000 hours of work. This represents 18% of the total Retired Senior Volunteer Program hours in the Memphis area.

A resident council, composed of volunteers, takes the responsibility for planning much of the activities. Volunteers are involved in support staffing and operational activities as well as in the design and implementation of recreational activities and materials. Residents staff a sign-in desk, sell stamps, operate a library, run a convenience store, and operate a transportation system. They prepare bulk mailings for nonprofit organizations and make holiday favors for hospitals and nursing homes. Residents knit needed items for cancer patients in a children's hospital, for a county-run community children's clinic, and for adolescents and children in group homes. Volunteers serve as floor and fire monitors throughout the complex and work in the administrative office answering the telephone and writing work orders. All of these activities impact on both the facility and the extended external community.

During the seven-plus years the volunteer program has been in existence, a dependency between community agencies and volunteers has developed. Several agencies rely solely on the services provided by the volunteers at Plough Towers. In addition, the volunteer program consciously builds in contact between residents and agency personnel. This allows residents to feel the dependency of agencies for the work performed by the volunteers which in turn supports the residents' feelings of self-worth and ability to make a significant contribution to the community.

Volunteers are involved in all phases of decision making pertaining to the operation of the retirement complex. Staff and board members acknowledge at all opportunities that the small nonresident staff of Plough Towers could not possibly run the number of services available in the facility without volunteer resident support. As one example, before a convenience store opened, the volunteers decided the hours the store would be open, what would be sold, and how the merchandise would be displayed. These volunteers truly run needed support services.

The volunteer work is divided into thirteen areas, and a resident coordinator is in charge of each area. The staff coordinator meets with these thirteen resident coordinators on a regular basis and meets with each of the thirteen groups on an ongoing basis. These meetings include training sessions, discussion of problems volunteers might be experiencing, and suggestions for changes or new ideas for programs. These meetings maintain a high degree of interest and involvement on the part of the volunteers and are an essential part of the program.

Volunteer recognition is also built into the program. Once a year, a large volunteer recognition event is held. Board members, staff, and community agencies play a major role in giving recognition to resident volunteers.

CHALLENGES AND PROBLEMS

An in-house volunteer program for seniors is not without challenges and problems. A commitment of staff time is continually needed to: create additional meaningful volunteer jobs; interview, train, and supervise volunteers; coordinate activities, process and control work schedules; resolve conflicts and other problems; serve as a liaison to community resources; and, act as an advocate for senior volunteers.

The most troubling and difficult concern with which the staff continually struggles is

working with residents who because of a decline in functioning can no longer do their volunteer jobs. Instead of retiring residents who are unable to perform their jobs, it is a policy of the facility to create a less demanding job and help the residents accept and retrain for their new position. This policy helps the volunteers preserve their positive self-image.

BENEFITS

A resident volunteer program can be a democratic, low cost, and innovative way for retirement housing facilities to continuously provide desired activities for residents. Such a program can offer residents the opportunity for meaningful decision making, active participation, and involvement, which in turn is associated with the maintenance of life satisfaction, morale, and general well-being. As one resident wrote:

> *Retirement is probably the biggest change in life style an adult experiences. It is also potentially the most dangerous. In some societies it signifies an end to one's usefulness. It is interesting to note that societies with this attitude toward older adults have not survived. The oldest and most successful societies are the ones that honor and respect their older adults.*
>
> *My retirement gave me one of the most important things that I have earned through my years of work—the ability to choose what I want to do with my time. Let me tell you choices I have made.*
>
> *On October 23, 1980, a Friday, I moved into Plough Towers. The following Monday I offered my services . . . in what ever capacity . . . needed.*
>
> *I have been a volunteer receptionist for almost six years—later becoming coordinator of that position. In addition to that job, I teach English to our Russian immigrants and conduct citizenship training and use my organizational ability to coordinate other volunteer groups.*
>
> *I have always lived under the precept that something must be accomplished every day or that day has no value. It is this sense of accomplishment, this sense of worth, if you will, that volunteer work has allowed me to keep.*
>
> *I have a wealth of experiences acquired over the years to offer. Being a volunteer gives me an outlet for all this.*
>
> *This sense of value and worth that I have is something that cannot be measured. It means more to me than you can know.*

A resident volunteer program can truly be a rewarding way of helping seniors continue an independent life style.

REFERENCES

Altman, I., Lawton, M.P., & Wohlwill, J.F. (Eds.) *Elderly People and the Environment.* New York: Plenum. 1984.

Booz, Allen, & Hamilton. *Final Report:* ACTION. Washington, DC: Office of Compliance/Evaluation Division. 1985.

Fengler, A.P. Life Satisfaction of Subpopulations of Elderly: The Comparative Effects of Volunteerism, Employment, and Meal Site Participation. *Research on Aging,* 1984, *6,* 189-212.

Hunter, K.I., & Linn, M.W. Psychosocial Differences between Elderly Volunteers and Non-volunteers. *International Journal of Aging and Human Development,* 1980-81, *12,* 205-213.

Kouri, M.K. From Retirement to Reengagement. *The Futurist,* 1984, *18,* 35-42.

Marans, R.W., Hunt, M.E., & Vakalo, K.L. Retirement Communities. In I. Altman, M.P. Lawton, & J.F. Wohlwill (Eds.), *Elderly People and the Environment.* New York: Plenum. 1984.

Mellinger, J., & Holt, R. Characteristics of Elderly Participants in Three Leisure Groups. *Psychological Reports,* 1982, *50,* 447-458.

Moos, R.H., & Lemke, S. Supportive Residential Settings for Older People. In I. Altman, M.P. Lawton, & J.F. Wohlwill (Eds.), *Elderly People and the Environment.* New York: Plenum. 1984.

Quinn, W.H., & Hughston, G.A. *Independent Aging: Family and Social Systems Perspectives.* Rockville, MD: Aspen Systems. 1984.

ABSTRACT

This article examines the use of volunteers within hospital-based long-term care case management programs. As hospitals diversify into long-term care, the roles played by volunteers are also diversifying. A brief description of the involvement of volunteers with the frail elderly is followed by a comparison of the roles and relationships of volunteers within existing hospital auxiliaries and long-term care case management programs. Three models for structuring hospital-based volunteer programs that address the needs of the frail elderly within diverse communities are presented. Implications surrounding the involvement of volunteers beyond hospital walls are discussed.

Volunteers in Hospital-Based Case Management Programs

F. Ellen Netting, Frank G. Williams, Sandy Jones-McClintic and Louise Warrick

Hospital diversification into long-term care is dramatically influencing the nature of health care in this country. In a 1986 survey of 3,500 hospitals conducted by the Hospital Research and Educational Trust of the American Hospital Association, sixty-six percent of the hospitals reported "that long-range plans . . . included development or expansion of services for the aging and chronically ill" (Handy, 1987).

As hospitals diversify into long-term care arenas, the roles played by volunteers are also diversifying. This article examines the involvement of volunteers within hospital-based long-term care programs designed to meet the needs of the frail elderly. Specifically, the authors' experiences with six hospital-based case management programs illustrate the importance of designing volunteer roles and relationships to address individual community needs.

The literature on volunteerism and aging has increased in the last decade, emphasizing the expanding importance of the volunteer role (Netting & Hinds, 1984; Netting & Thibault, 1986; Perry, 1983; Salmon, 1985; Zischka & Jones, 1982). Not only have volunteer programs been designed to serve the elderly, but many coordinators have targeted the elderly as a source of experienced, mature volunteers.

Well managed hospital-based volunteer programs are traditionally structured to meet the needs of patients and staff within the acute care setting. Volunteer roles and protocols have been clarified in order to develop a system that conforms to the requirements of a fast-paced medical operation. The community hospital is a center for volunteerism where gift shops are operated, mail and flowers are delivered, phones are answered, and a multitude of other tasks are performed which help to maintain a smoothly running organization. Mechanisms for report-generating are usually in place to capture numbers of volunteers and their characteristics. Cadres of volunteers who work together on specific tasks may wear smocks which designate their roles. Socialization from working with other volunteers on joint projects that benefit the facility adds to the visibility of the volunteer program in the community. In short, acute care hospital volunteers often perform within a highly structured, well documented, carefully coordinated, and highly visible system. In busy facilities where staff must often focus

F. *Ellen Netting* was the first Director of the Knoxville-Knox County Foster Grandparent Program in Tennessee before she became the trainer for the East Tennessee Human Resource Agency's Area Agency on Aging. She has taught at Arizona State University, is currently engaged in research on strategies used by not-for-profit agencies in times of change, and serves as Vice President of Program Development on the Board of Directors for the Association of Voluntary Action Scholars. *Frank G. Williams* serves as co-director of the management oversight team for the programs and brings a background in hospital administration and finance to the collaboration. *Sandy Jones-McClintic* has extensive experience working with volunteers in California-based aging programs, and serves as Research Assistant on this program. *Louise Warrick* serves as co-investigator in evaluating the programs, and brings a nursing and public health background to the team.

on the medical needs of patients, the volunteer can communicate caring and concern and provide a human touch as families await life or death decisions.

More recently, hospitals have begun to develop other kinds of innovative volunteer services that benefit their patients, such as advocacy and entitlement information (Bach, 1988; Ruiz-Salomon, Tuzman & Wolbrom, 1987). Volunteers also help by assisting with fundraising activities and by contributing financial resources for special building and/or equipment funds. Hospitals in large retirement communities may even attract so many older persons that volunteer waiting lists develop!

One of the major areas in long-term care in which hospitals are beginning to diversify is case management. Case management is a service provided most commonly to persons who are living in their own homes, but who are at risk of hospitalization or nursing home placement. Case managers are trained in screening, assessment of need, care and resource planning, and periodic reassessment of individual functioning. As many of the clients appropriate for this service are going from acute care to their own homes, case management appears to be a logical area for hospital diversification.

THE FLINN CASE MANAGEMENT PROGRAM

In late 1985, the Flinn Foundation of Arizona began funding hospitals to develop case management programs for the frail elderly. By Spring 1987, six not-for-profit hospitals in Arizona and New Mexico each had received three-year grants designed to facilitate the development of a long-term care case management program in their communities.

The hospitals' involvement in long-term care varied, and communities varied in terms of the resources available for addressing care planning. It soon became clear, however, that volunteer networks were being developed and expanded in varying ways to provide the informal supports so often missing in the more formalized service delivery system.

The hospital-based programs funded by the Flinn Foundation primarily use volunteers as adjuncts to professionally trained case managers. Aside from this, however, the programs are unique, ranging from the minimal use of volunteers to using multiple volunteers in numerous roles. Essentially, three structural models of volunteer program development have evolved from the experiences of the six sites.

Model 1: Autonomous Volunteer Program

The autonomous volunteer program characterizes three of the six hospitals. These case management programs have their own volunteer coordinators.

Hospital A is located in a rural county, and volunteerism has been an integral part of the case management program since its inception. An all-volunteer advisory council was formed prior to the program's being funded and has been extremely active in program development. Currently there are 19 volunteers with multiple roles and accompanying job descriptions, including case management assistance, ombudsperson advocacy, and clerical assistance. There are also plans to recruit volunteers to work with a therapeutic diet service being developed by case management staff.

Following nine hours of initial training, case management volunteers make weekly visits to assigned clients where they assist with small needs, run errands, and provide friendly visiting. Monthly meetings provide opportunities for case presentations, problem solving, and informal sharing and support. There are plans to carefully screen and select exceptional case management volunteers who will actually assist professional staff in conducting reassessment interviews with stabilized clients. Recognition has consisted of an annual awards dinner and special holiday gifts for each volunteer.

Hospital B has a paid half-time volunteer coordinator responsible for all aspects of volunteer program development. Currently she has 31 active volunteers and has completed three full 25-hour training sessions. A training manual, multiple forms and orientation materials have been developed. The coordinator provides numerous personalized touches to the program, including frequent individual evaluations on each volunteer, as well as opportunities for each volunteer to evalu-

ate the case management program. She also keeps in touch by telephone and facilitates monthly meetings which include speakers and opportunities to socialize. These meetings are important because the work of the volunteers can be isolating and emotionally draining.

Typical activities performed by these volunteers include transporting clients to doctors, running errands with the client, socialization for the client, information and referral, light housekeeping, light meal preparation, taking clients to church, and providing respite for family members. One volunteer went to the library and got talking books for a blind client to enjoy while the volunteer was on vacation.

Hospital A has a volunteer who coordinates, whereas Hospital B employs a part-time paid staff person who coordinates volunteers. Both programs do their own recruiting and are independent from their hospitals' larger volunteer programs. Case management coordinators indicate that this is because traditional hospital volunteers are not comfortable with leaving the hospital setting and going into the client's home.

Hospital C, although its volunteer program is in the initial stage, appears to be moving toward an autonomous volunteer program separate from the hospital auxiliary. This hospital has recently been accepted as a project of the local Junior League which will assist in setting up an ongoing committee on aging, and assist in the development of a volunteer program by recruiting and providing volunteer recognition. Once volunteers are trained, they will be assigned to a case manager who will provide on-the-job training and match them with appropriate clients. This program currently has two volunteers, both of whom assist with clerical work within the office. One of these has also been providing limited Medicare counseling for clients.

Interestingly, this autonomous model is consistent with these three case management programs' structural and organizational relationships within the larger hospital system. In each case, the case management program is located in a building which is separate from its respective hospital and tends to function fairly autonomously from other hospital departments.

Model 2: The Interface Model

The interface model is characterized by a desire to involve community volunteer resources without hiring a volunteer coordinator or working directly with volunteers. Hospital D is the best example of this scenario.

Hospital D's case management staff has considered the use of volunteers, but has not been able to integrate them into their program for a number of reasons including a lack of coordination with the hospital's existing volunteer program and uncertainty over the program's future. Case managers do refer to volunteer-based programs within their local community for informal service provision. This has worked fairly well because there is a church-related volunteer program that provides light housekeeping, friendly visiting, companionship, and shopping services. Located in a community that has volunteer programs in place, case managers are familiar with resources that can link volunteers with clients. Given the structure of this case management program within the hospital, and the lack of coordination that has occurred between the hospital's auxiliary and the case management component, a dependence on the community for volunteer resources has been necessary. In a community that has resources available, this has resulted in care planning that at least partially meets client needs without the problems of directly coordinating volunteers.

Hospital E would probably lean toward this model, but unfortunately the neighborhood in which this hospital is located does not have the volunteer resources available to Hospital D. Hospital E is located in a high crime-rate area of a large city, making volunteer recruitment difficult. Volunteers are fearful of visiting frail older persons in this low socio-economic part of the city. Recruitment problems plague the larger hospital volunteer program as well as the case management volunteer program. A potential source of volunteers is a nearby apartment building for the elderly, but these older residents feel particularly vulnerable in their environment and many

also lack transportation. Therefore, Hospital E has not found a viable manner in which to provide volunteer linkages through a formalized volunteer program. Case managers in this hospital often rely upon the most informal of volunteer resources, linking clients with neighbors and churches on a one-to-one basis whenever there is an opportunity.

Model 3: Hospital Integration Model

Hospital F exemplifies Model 3 which integrates the hospital's auxiliary program with the case management program. Case management staff actively work with the hospital volunteer coordinator in recruiting and placing volunteers. Although some volunteers come directly from the community, there is a sense of volunteers being a part of the hospital system. This is obvious to anyone entering the office since volunteers wear the traditional hospital smock identifying them as part of the hospital volunteer program.

Structurally, this model may be a logical outgrowth of a case management program that is integrated into the hospital system. Therefore, the hospital integration model may be more a reflection of the way in which the entire case management program has been developed rather than just how the volunteer component has been established.

Hospital F's case management program draws from a variety of volunteer sources, including university student interns. Students serve as case aides, a retired nurse volunteer from the community conducts home visits as needed, and another volunteer serves as a respite worker. Volunteer coordination for ongoing case aides will be one of the responsibilities of a new clinical supervisor. Recognition activities are coordinated through the hospital's volunteer service and include such benefits as meal and prescription discounts, special parking, and insurance coverage.

IMPLICATIONS

These three models illustrate how diverse hospital-based case management programs can be in terms of one component: volunteer involvement and coordination. Volunteer programs reflect the uniqueness of each case management program, reminding staff to consider the entire program before designing volunteer roles and relationships.

As these hospitals have moved into long-term care arenas, there are special considerations that have accompanied the diversification of volunteer roles. First, volunteers are often asked to perform their tasks in the homes of older persons. This raises issues surrounding personal liability when a volunteer works beyond the hospital walls. Volunteer coordinators must investigate insurance coverage so that appropriate cautions are taken to protect the volunteers and the program.

Hospital A, for example, has developed a written policy regarding liability. The health care corporation carries a general and professional liability insurance coverage for acts volunteers do under the direction of any of their programs. These acts have to be within the training and educational qualifications of the volunteers. The volunteer's professional health and auto policy provides main coverage first, and then the corporation's plan is used as a secondary or supplemental coverage. In other words, the corporation's plan is designed to underwrite anything not covered by a volunteer's existing insurance.

Second, volunteers who primarily work with individual clients in their homes will not have the opportunity to work with other volunteers. Assuming that many persons may be motivated to volunteer because they desire the chance to socialize with peers, these persons may not be likely candidates for roles that take them into the home environment. This requires the volunteer coordinator to develop innovative ways in which volunteers who wish it have the opportunity for peer support, ongoing training, and group interaction. Two of the hospital programs discussed above are very deliberate in designing training that provides an opportunity to share experiences and to problem-solve with other volunteers as well as with case managers.

Third, orienting volunteers to work in acute care hospitals is very different from orienting them to perform in long-term care settings. Not only do the volunteers have to understand the full continuum of care, from hospital to community-based

in-home services, but they have to know how to function with less direct supervision. Case managers may assign and introduce volunteers to specific clients, and careful instructions may be given, but often volunteers are alone with clients for extended periods of time and must depend on their own judgment if a problem arises. This differs significantly from a hospital setting where there is someone in the next room to call in the event of an emergency.

In addition, adequate orientation requires that volunteers understand the concept of case management. One reason given for Hospital C's reluctance to jump into a volunteer program has been the director's insistence that one has to struggle with program identity before bringing in a corps of volunteers to work with staff. This kind of self-awareness takes time. However, a well-conceptualized program can excite and attract volunteers just as a poorly conceptualized program can turn people away.

Fourth, ongoing (both on-the-job and inservice) training is essential. This requires a large commitment from staff in that case managers must be willing to spend time with volunteers. Coordinators may monitor and follow-up with volunteers, but it is the case manager who must be certain that the care plan is adequately addressed by the volunteer. One volunteer coordinator indicated that it had taken approximately six months to reduce resistance from case managers regarding the involvement of volunteers. This initial resistance can easily occur when professional staff are not used to working with volunteers, have had unpleasant experiences, or are threatened. If staff resistance can be overcome, the involvement of case managers in ongoing training is very helpful. Volunteers need a chance to debrief with professionals who know the older persons the volunteers are serving.

Fifth, retention of volunteers is difficult in many programs that deal with very disabled persons. These hospitals target the frailest of the frail. Often staff experience burnout and case manager turnover is high. It would be unrealistic to believe that volunteers would not burn out as well. Appropriate mechanisms need to be in place to nurture volunteers (*i.e.*, support groups, ready access to the volunteer coordinator, opportunities to change assignments, *etc.*) so that they are not lost, and it will also be necessary to provide ongoing recruitment and training of new volunteers.

Sixth, the volunteer management model chosen by a specific hospital-based case management program will vary, often based on the structure of the program itself. Designing volunteer programs that address the needs of older clients may vary by hospital, by program staff, and by the community in which the hospital is located. If the community has volunteer resources in place, case managers may find that this serves their care planning purposes well. On the other hand, if resources are limited, coordination with an in-house volunteer program already in place may work to the program's advantage. Even if an autonomous model is developed, it would be wise to work closely with the hospital program so that recognition opportunities can be shared. Possibly, recognition events can be jointly sponsored. Volunteer programs in which in-house volunteers actually follow older persons back into the community can be designed. The sense of continuity provided by volunteers who work with older persons as they leave the hospital could be invaluable to case managers who never have enough time to do all they want to do for clients.

On the other hand, care must be taken not to conflict with other volunteer programs in the hospital. As hospitals diversify, recruiting case manager volunteers may be difficult as home health, guardian, and hospice programs compete for qualified persons. Conceivably, as hospitals diversify, volunteer coordinators in numerous programs could be recruiting volunteers. Cooperation is necessary so that volunteers are not confused by multiple and overlapping roles. If designed appropriately, referrals of volunteers interested in different aspects of acute and long-term care could result in a pool of volunteers targeted to the program of their choice.

Volunteer programs take time, energy and resources. The potential for hospital diversification and the resulting continuum

of care can be very positive. However, the uncertainty within the health care environment and the changing system makes it hard to predict how long programs will survive. The programs discussed are foundation-funded for three years each. As they strategize regarding how to become more self-sufficient in a changing environment, the use of volunteers has the potential to assist in the development of community interest and support for the program.

Of particular importance to the effective involvement of hospitals in aging and long-term care services is a strong knowledge and understanding of those community-based services that comprise the "aging network." One method of helping hospitals better understand community agencies is to involve community-based volunteers in planning, developing and implementing long-term care services. Community involvement has always been evident in hospitals through voluntary boards of trustees, active hospital auxiliaries, and patient relations programs. The involvement of volunteers as an integral part of hospital-based long-term care programs can be viewed as one method of integrating acute and long-term care services within a local community.

REFERENCES

Bach, Ellen E. ACES: A New Role for Hospital and Health Clinic Volunteers. *The Journal of Volunteer Administration*, Spring 1988, *6* (3), 31-37.

Handy, Joanne. Hospitals and Aging: Key Factors for Success. *The Aging Connection*, August/September 1987, *8* (4), 5.

Netting, F. Ellen, & Hinds, H.N. Volunteer Advocates in Long-term Care: Local Implementation of a Federal Mandate. *Gerontologist, 24*, 1984, pp. 13-15.

Netting, F. Ellen, & Thibault, Jane M. Using Volunteers with the Elderly in Health Care Settings. *The Journal of Applied Gerontology*, December 1986, *5*(2), 139-152.

Perry, W.H. The Willingness of Persons 60 and Over to Volunteer: Implications for the Social Services. *Journal of Gerontological Social Work*, 1983, *5*, 197-218.

Ruiz-Salomon, P., Tuzman, L., & Wolbrom, E. Advocacy—Proactive/Reactive: A Model Volunteer Advocacy Program in Health Care. *Journal of Volunteer Administration*, Fall 1987, *6*(1), 7-13.

Salmon, R. The Use of Aged Volunteers: Individual and Organizational Considerations. *Journal of Gerontological Social Work*, 1985, *8*, 211-223.

Zischka, P.C., & Jones, I. Volunteer Community Representatives as Ombudsmen for the Elderly in Long-term Care Facilities. *Gerontologist*, 1982, *24*, 9-12.

Everyone Can Win: Creative Resolution of Conflict

Nancy A. Gaston, CVA

In the past few years, we have seen and heard a great deal about the "win-win" concept of conflict resolution. Has the idea really changed the way in which we approach situations of conflict? The author contends that we have changed very little; too often we do not act as if we really believe that everyone can emerge a winner. We either dig in our heels, ready to defend our own proposed solution, or we expect that everyone will have to give up something in order to reach a compromise.

This article proposes that synergism, rather than compromise, is the only creative means of conflict resolution. Some case studies from the field of volunteer program management are offered as illustrations. Each focuses on the question, "What do you really want?"—a question that management consultant Mike Murray (Creative Interchange Consultants, Arlington, Texas) offers as the key to conflict management which unlocks creative solutions.

CASE ONE: WHO REPORTS TO WHOM?

A few years ago, I became part-time director of a small volunteer chore service. Its first director had also been the founder—a dedicated woman who had seen a need and responded. She had organized church members from throughout the community to do household chores and minor repairs for the elderly, the disabled, and those with meager financial resources. When the founding mother moved away, the program experienced a crisis.

I arrived on the scene when a second director had come and gone and the organization was in debt and disarray. Complete collapse had been averted by a determined board of directors and a retired clergyman who was staffing the office on a volunteer basis, trying to match service requests with volunteers but in reality performing many of the chores himself—chores which should have been assigned to volunteers. Much needed to be done, and quickly, to give new life and form to the program.

A high-priority task, the board agreed, was to develop an organizational plan with clear job descriptions for everyone—director, board members, chore volunteers and office volunteers. The retired clergyman agreed to become the volunteer office manager and I drafted job descriptions.

At the next meeting of board and staff, we discussed the job descriptions one by one. They were approved as presented, until we came to the one for the position of office manager. As we studied it, the man who had offered to take the position (I shall call him "Joe") became tense and uneasy. The chair of the board noticed, and asked, "Is this the way to see the job, Joe?"

"Pretty much," was the reply, "except for the part about 'reports to. . . .'" It was my turn to become tense, for the description said, logically enough, "Reports to the Executive Director." If the staff did not report to me, I could not function as a director. I began to figuratively dig in my heels.

At that point, Mike Murray's question came to mind. "What do you see as the ideal arrangement, Joe?" I asked.

"Well, I've been reporting to the board every month," he said, "and that has worked really well so far. That way, I'm there at the meeting to answer questions about the statistics I prepare for them."

And the light dawned. Joe had no prob-

Nancy A. Gaston, CVA, has been executive director of CONTACT of Kanawha Valley, WV—a volunteer-staffed crisis line—and of Neighbors In-Deed of Vancouver, WA—a volunteer chore service. Previously manager of the Volunteer Bureau of Clark County, WA, she has been a trainer in volunteer program management on the local, state and regional level. She has edited a manual for the directors of volunteer crisis lines and has written articles on church volunteer programs for Roman Catholic, United Methodist and Lutheran denominational publications. Nancy has just completed a degree in theology at McGill University with the intention of bringing her background in volunteer administration in to the church setting.

lem with the issue of administrative authority or accountability. What he really wanted was to attend the board meetings—amiable and enjoyable breakfast sessions—and explain his statistical report. The interchange and sociability were among the job benefits for him.

I tested my insight. "Would it help," I asked, "if we reworded the job description to say 'responsible to the Executive Director?' You can surely attend the board meetings to explain your statistics."

"Surely," replied Joe. "That makes perfect sense. The buck stops with you. I just think I'm the best person to interpret the figures every month, because I'm closest to them."

We could feel everyone relax, and with good reason. Everyone won. The organization had a clear structure and a picture of accountability. As director, I knew that the structure was understood. And a faithful volunteer worker was assured he was still welcome at a monthly meeting he anticipated with pleasure. Had we stubbornly defended our solutions, someone would have lost. Had we compromised, who knows what sort of convoluted organizational plan might have resulted?

CASE TWO: WHERE ARE THE FORMS?

A volunteer-staffed crisis line I directed initiated a reassurance program, making reliable daily calls to elderly persons who lived alone. Some calls were made from our telephone center, but many volunteers phoned from their homes. They called two or three clients each morning for a brief, friendly chat and a security check.

The program funding source required that we have documentation of the calls. We worked out a reporting system that we thought was simplicity itself: each caller had some blank forms and filled out one for each client; there were lines to make brief notes every day; and at the end of the month the forms were to be brought or sent to our office. The only problem with our reporting system was that it did not seem to work. We received very few completed forms.

The first few months of the program, we tried various tactics. Reminders were published in our newsletter. We sent self-addressed envelopes. Still the rate of return was low. Yet, when the program coordinator made her monthly phone calls to the volunteers, she found that they were doing their jobs.

Again, Murray's question came to mind. Instead of trying to outguess the volunteers, why not ask them what they wanted? The next month, the coordinator phoned each volunteer, and, after gathering the data needed, asked, "What would make it easier for you to send us completed forms?"

The answer was almost unanimous: Sending *completed* forms would be no problem! The resistance was to sending us *incomplete* forms. Since clients were often hospitalized, or had visitors for a few days, or went out of town, calls were not needed for those periods. Therefore, volunteers noted that the forms, with their 31 lines each, sometimes had blank lines at the end of a month, indicating days when no contact was made. What volunteers really wanted was to wait until the forms were complete before sending them on. Anything else seemed a bureaucratic waste of paper, postage and time.

Meanwhile, at the office, we asked what we really needed and discovered our need was twofold. We wanted monthly call figures to report to the board of directors and documentation by the end of the year for our funding source. Since the program coordinator called the volunteers each month to pass on information, listen to concerns, and express satisfaction, she could very easily also collect call totals at the same time. The forms would arrive in due course. We could all win—all get what we really wanted and needed.

CASE THREE: OPEN HOUSE AT THE OFFICE

This account was shared by the longtime director of a volunteer-staffed crisis telephone service. The director's office and the telephone center where volunteers worked had been in separate buildings, but both were moved into new quarters, occupying adjacent office suites. In the new setting a new pattern quickly developed. Many of the volunteers, as they finished their shifts, stopped in to visit the director. They discussed a variety of topics, but they tended to stay for quite a

while—up to a half an hour each—taking a big chunk of time from the director's busy day. Clearly, something needed to change.

The director's initial reaction was to guess what the volunteers might want. Thinking they wanted an opportunity to debrief, she recommended that volunteers arrive early for shifts so they could listen to one another. And, to provide more opportunity for discussion of common concerns, she scheduled some brown-bag lunches with announced topics for discussion. Both innovations were welcomed, but the visits to the director's office continued unabated. What did the volunteers want?

Finally, she began to ask them. As visitors arrived, she greeted them warmly and then asked, "What can I do for you?" The responses were strikingly similar: "Nothing in particular—I just wanted to touch base," or "I just wanted to say hello."

The organization had scores of volunteers, many of whom had not met one another. But they all knew the director, who had interviewed them initially, had directed their training, and had helped to commission them for service. She was the common link, and she was right next door.

A solution then became obvious. The director began to visit the telephone center—briefly—during each volunteer shift. It was a busy place, and no one expected her to stay long. In a very few minutes, and on her schedule, she made the important connection with each member of the volunteer staff. The brief breaks and pleasant contacts actually increased the director's energy and efficiency. The volunteers felt connected and recognized. Everybody won.

CASE FOUR: A CAUTIONARY TALE

After moving from one community, I received two letters—one from the person who had replaced me as director of a volunteer program and one from an office volunteer, or rather a former office volunteer. She had just resigned in anger, and her resignation was the topic of both the letters.

"You must have been a saint!" wrote the director in frustration. She described how busy she had been; feeling it important to make contacts, she had scheduled meetings with people from many other community agencies and programs. The office volunteer constantly interrupted the meetings, held in a conference room, with messages and questions that could easily have waited. She seemed to show no judgment about when—or, indeed, whether—to intrude. Tensions had grown until the new director had ordered the volunteer (in front of an audience of visitors) to refrain from interrupting meetings. An angry confrontation and resignation followed.

"I felt like a piece of furniture," explained the ex-volunteer in her letter. Because she had handled many of the calls to the office and dealt with many of the letters, she liked to meet the callers and correspondents in person. Also, like most of us, she enjoyed the sense of worth and status that came from being introduced to agency executives and community leaders. A task-oriented person, the new director had taken her visitors directly to the conference room, not stopping by the office for introductions. The volunteer, feeling anonymous and invisible, had asserted her presence and importance—evidently in inappropriate ways. Everyone lost the confrontation which resulted, mostly because neither person had asked (of herself or of the other), "What do you really want?"

ANALYSIS

When people are in conflict or seem to be working at cross purposes, there are three basic assumptions that can be made: someone must lose, everyone must compromise, or everyone can win. The first assumption leads to entrenchment and defensiveness or aggressiveness, so that everybody generally ends up losing. The second leads to everyone's settling for less, so that everyone is a partial loser. Only the third frees creative energy so that an entirely new solution can be built synergistically—a solution that can incorporate the best of all proposals.

The requirements for a creative solution include the following:

- Separate your goal from your proposed solution. There can be many paths to the same end. When we

become overcommitted to our solutions rather than to our goals, the other paths become obscured.

- Listen to and for what others want and need. Ask them what they want and need. Incompatible proposals need not mean incompatible goals, as I have tried to illustrate in the case studies.

- Expect something new to emerge from the search for a solution. We seldom "find" what we are not looking for, but what we get may be even better than what we expected.

- Shift the emphasis from outguessing, outmaneuvering, and persuading to listening, cooperating, and co-creating. The goal is not to get others to say "yes" to your plan, but rather for everyone to say "yes" to a creative solution.

All of this is not to say that the world is devoid of win-lose situations (or even lose-lose situations), that compromise is never viable nor needed, or even that every problem has a good solution. Rather, it suggests that within an organization—which by definition is a group of people who share some common goals—creative conflict management begins with the belief that everyone can win, and with the question, "What do you really want?"

BIBLIOGRAPHY

Fisher, Roger, & Ury, William. *Getting to Yes*. New York: Penguin Books. 1983.

O'Connell, Brian. *Effective Leadership in Voluntary Organizations*. New York: Walker and Company. 1981.

Wilson, Marlene. *Survival Skills for Managers*. Boulder, CO: Volunteer Management Associates. 1980.

ABSTRACT

Results of a sample survey commissioned by a voluntary health organization in a major metropolitan area describes why individuals give their time and money to charitable organizations and what approaches are likely to result in such donations. Within demographic subgroups, the variables of age and income proved to be important factors with respect to why people gave and what appeals they prefer. The variables of gender and education were found to be of somewhat less importance. Findings were compared with a national Gallup study conducted in 1987. In an era of increasingly specialized marketing for all organizations, the findings offer voluntary and fund-raising organizations a basis for determining appropriate appeals for demographic segments in a community.

Community Study Suggests Segmentation Strategies

Alice Gagnard

INTRODUCTION

In October 1988 the American Lung Association—Dallas Area (ALA) conducted its first formal consumer opinion and attitude survey. Among the topics investigated in that study were:

- Reasons individuals made donations of time or money to such organizations, and
- Responsiveness of area residents to various types of solicitation appeals and methods.

The purpose of this article is to discuss the findings from these two areas of inquiry: first, why people give to health-related organizations and second, how they prefer to be approached by such organizations.

So that the results from the Dallas community study could be compared with national results, several items from the 1987 Gallup Study of Public Awareness and Involvement with Voluntary Health Organizations were included in the survey.

METHODOLOGY

ALA enlisted the help of a communications research class at Southern Methodist University to design and pre-test the survey and conduct interviews.

The telephone was chosen over other data-gathering methods because of its ease of administration, relatively high cooperation rate, and the availability of a sampling frame (the area phone company residence pages), from which a randomly chosen, projectable sample could be drawn.

Phone numbers were selected using an interval sampling method. During the interviewing phase, a three-call-back procedure was used if no answer was obtained.

Calling was done over a two-week period in mid-October. A total of 374 usable responses were collected, which resulted in sample estimates being generalizable to the Dallas population within a sample error range of ± 5 percentage points.

RESULTS

Overall results were reported as frequencies and percentages for the entire population. Cross-tabulations were set up to examine differences among demographic subgroups. The chi-square test was used with the .05 level of significance applied.

Reasons for making contributions

Respondents were asked for the primary reason for their most recent contribution of time or money to a charitable health-related organization. Table I shows results from the Dallas study and the Gallup poll:

Alice Gagnard, Assistant Professor, Center for Communication Arts, Southern Methodist University, has conducted research for nonprofit organizations in several states. Currently she serves on committees for various professional and academic organizations, is advisor to the SMU Advertising Club, and coordinates student internships in the Dallas market. She holds the Ph.D. degree in Communications from the University of Tennessee.

Table I

Reasons for Contributing to Health Organizations*

Reason	Dallas 1988	Gallup 1987
affected family	31.9%	15%
used for disease rather than for administration	**	17
finding a cure	23.9	24
benefits children	13.7	14
benefits community	9.3	16
affected a friend	8.0	**
other reason	6.6	1
benefits poor	3.8	**
affects elderly	2.7	3

*Respondents in the Gallup survey were allowed to give multiple responses; respondents in the Dallas study were forced to choose only one reason.
**Indicates that an item did not appear in the survey.

Finding a cure for a disease emerged as the most important reason for contributions in the Gallup study and the second most important in the Dallas survey. Almost one-third (31.9%) of Dallasites chose instead as their primary reason that a particular disease had affected a family member. Other responses were fairly similar.

When cross-tabulations were performed for the Dallas respondents, some notable differences were found, including the following:

- Younger adults (18-30 years old) are twice as likely as older adults (over 50 years) to have given to an organization because it benefits the community (14.7% v. 6.0%).

- Those 50 years and older are much more likely than 18-30 year-olds to have given because a disease affected a family member (41.0% v. 28.4%).

- Those who hold a college degree are more likely than those who have a high school degree or less to give in hopes of finding a cure for a disease (29% v. 19.4%).

- Those with less education (high school degree or less) are much more likely than the college-educated to give time or money to an organization because it benefits the poor (8.3% v. 1.4%).

- Males are twice as likely as females to have given because an organization benefited the community (14.8% v. 7.1%).

- People with higher incomes ($40,000 or more) are more likely than those with lower incomes ($20,000 or less) to give in order to find a cure (32.5% v. 20.4%).

- People with higher incomes are much less likely than those with lower incomes to give because it affects the elderly (0% v. 9.3%) or benefits the community (3.5% v. 14.8%) or the poor (1.8% v. 9.3%).

Solicitation appeals

A series of organizational solicitation methods and appeals was presented to respondents, who were asked to indicate to which ones they would be most likely to respond. Overall results of the Dallas study, demographic subgroup responses, and Gallup comparisons are contained in Table II.

Dallas results

By far the most popular appeal or method for Dallasites was the special event, such as a walkathon, with 57.1% of all respondents reporting they would be likely to respond to such an event. The next most popular methods were the in-person request and the payroll deduction, followed by the TV telethon and phone solicitation with a mail follow-up. The least popular methods were newspaper and magazine advertising and straight telephone solicitation.

Neither the gender nor the education subgroups displayed significant differences in preference for types of appeals. There

Table II

Demographic Subgroup Preferences for Fund-Raising Appeals

APPEAL	AGE			GENDER		EDUCATION			INCOME				
	18-30	31-50	50+	Male	Female	High School or less	Some College	College Degree	$20,000 or less	$21-40	$40+	Overall	Gallup
special event	73.0*	53.5	47.8	51.1	60.6	51.2	61.4	57.7	54.1	59.0	58.8	57.1	13.0
in-person request	47.7	44.0	32.7	37.0	43.8	40.5	41.3	42.3	47.5	34.8*	51.3	41.1	37.0
payroll deduction	45.9	36.6	25.7*	31.7	38.5	29.8	37.8	38.5	31.1	38.1	37.0	35.9	11.0
telethon	40.5	30.3	29.2	28.1	35.8	22.9	34.6	42.5	44.3*	31.7	26.9	32.4	10.0
phone w/mail follow-up	38.7	33.8	22.1*	32.4	31.0	32.1	30.7	32.1	27.9	28.1	39.5**	31.1	4.0
tv/radio advertising	39.6*	20.4	26.5	25.2	29.6	36.9**	26.8	24.4	37.7	29.5	19.3*	27.9	—
gala/big ticket event	41.4*	26.1	16.8	30.2	26.5	26.2	29.1	27.6	26.2	27.3	29.4	27.3	—
mail solicitation	27.0	22.0	30.4	26.3	25.7	23.8	26.0	27.3	29.5	30.4	20.3	25.9	13.0
newspaper/magazine advertising	27.0*	17.6	12.4	18.0	18.6	19.0	19.7	17.9	21.3	18.7	15.1	18.5	—
telephone solicitation	14.5	21.8	6.2*	13.0	15.5	11.9	16.5	14.8	11.5	10.8	22.0*	14.5	5.0

Note: all figures represent percentages
* chi-square value significant at .05 level
** chi-square value approaching significance (.06 level)

were, however, several significant differences noted among the various age and income groups.

Younger respondents, who gave the most positive overall responses to the list of appeals, were significantly more inclined to respond to a special event, a gala and to both broadcast and print advertising.

Older respondents showed the most negative evaluation of the list of appeals. They were significantly less likely than other groups to respond to in-person requests, payroll deductions, telephone calls with mail follow-ups and phone solicitation.

Of the income subgroups, those with annual household incomes of less than $20,000 were most favorable toward a telethon, while higher-income respondents ($40,000 or more) were significantly more likely to respond to phone solicitation. It should be noted that only 22% of the highest income group favored this method. This same higher-income group was significantly less likely to favor television or radio advertising. Respondents in the middle-income category were significantly less likely than other groups to respond to an in-person request.

Gallup results

The national figures as a whole were lower than the Dallas community results. Though respondents to both surveys were allowed to choose more than one answer, it appears that Dallas respondents did so more often than those in the Gallup study. Nonetheless, preferences for the various appeals emerged when rankings of the choices were considered. Unlike in the Dallas results, which displayed the exact opposite arrangement, the in-person request far outdistances the special event in the national sample.

While mail solicitation shared second-place preference ranking among Gallup respondents, Dallasites ranked it among their least desired appeals with a ranking of eight. Likewise, phone solicitation received the sixth highest number of mentions from Gallup respondents, but ranked last among Dallasites.

DISCUSSION

In order for a community organization to be responsive to the needs and preferences of the local population, it must first become aware of those needs and preferences. The present study represents one group's attempt to do so by conducting a sample survey of the area it serves. Comparison of the findings from the community study with results from a national Gallup poll reveals local preferences which are important if an organization is to be responsive to the community environment.

Results show that the most popular reasons in the Dallas community for making donations of time or money are that a family has been affected by a particular illness or that a donation will help to find a cure for an illness. Females and younger adults seem more likely than other groups to be community-minded when they give. Well-educated and wealthier individuals are most likely to make donations to help find a cure. These findings have implications for such decisions as programming, advertising themes, and solicitation emphasis.

Methods employed by charitable organizations for raising funds and recruiting volunteers cover a wide variety of media, activities, and approaches. The present study indicates that certain demographic subgroups respond quite differently to specific types of appeals. Overall, the younger adults said they would be most responsive and the older adults least responsive to solicitation messages of any kind. Such information must be interpreted carefully, as a major base of support for many such organizations consists of retired givers and volunteers. A closer look at the data reveals that the older group might be more responsive to some appeals than others.

Likewise, income seems to be a factor in people's preferences for appeals, with wealthier prospects favoring the telephone/mail follow-up approach and downplaying the importance of television and radio advertising in their decisions to give.

In an era of increased emphasis on specialized marketing to narrowly defined target populations, many charitable organizations are recognizing the need for long-range planning and the importance of obtaining support of younger patrons. A

community assessment survey such as the one reported here can be a good start in helping the organization to focus on the expressed needs and preferences of the local population.

Results reported here demonstrate the degree to which the findings from a local or regional population can differ from the national norm, and the implications those findings can have for organizational efforts. It further suggests the need for tailoring communications and solicitation efforts to the population sub-groups which have been targeted.

Letters

Dear AVA:

. . . Although I have not been able to take full advantage of all AVA has to offer, I have read the publications with great interest. The articles are excellent and have given me many ideas which I used in the work. One of the terms I laid down in turning over my old journals to . . . is that she will allow me to borrow and read the new ones as they come in.

Thank you for all the information and encouragement you offer to volunteer coordinators. It is great to see the profession becoming more recognized and appreciated.

Sincerely,

Reva M. Spengler
Program Associate
Vermont Lung Association, Inc.
South Burlington, Vermont

Why a Paid Volunteer Director?

Cynthia M. Bartholomew

In the last year there have been some disturbing stories about volunteer directors being phased out of their positions due to an organization's administration not being able to see the need for professional leadership. In a survey of volunteer directors who belong to the Association of Volunteer Administrators in the Greater Hartford area, it was noted that the salaries of the remaining volunteer directors continue to be low. Some of these people manage more than 500 people in positions of great importance to the agency they serve. In no other sector do we have such a supervisor to personnel ratio!

The sad truth is that education of those who supervise volunteer directors is not easy. Many of them have come from a sector which is ignorant about the role of the volunteer and the volunteer supervisor in not-for-profit agencies. Not only does a volunteer director have to fight for his/her job but valuable time must also be spent justifying the need for a volunteer program.

Word of this struggle comes more often from larger institutions than from the smaller ones whose life-blood is the volunteers. The smaller organizations whose roots are still close to an all-volunteer work force recognize the vital role of good volunteer direction and supervision. They may not be in a position to hire staff, but many see that as an important goal to ensure the continuance of the organization. It seems ironic then, that some larger organizations are cutting the volunteer director positions to part-time (with the same amount of work expected) while others are eliminating the position altogether.

Essentially, the organization is sending a message to its volunteers and to the community that it no longer values the contributions made by the volunteers or the efforts by the volunteer director to build a low risk, efficient volunteer program.

So, why is it so important to make the volunteer director a paid position?

A paid director usually has a set number of hours to be available to those who serve the agency as volunteers. This results in more agency control over that position's work hours, days off and how and when the work will be accomplished. A person who is an unpaid volunteer director usually will have much less time to devote to the administrative aspects of the position. It seems unreasonable to expect a person to volunteer to do a job that requires disciplining peers, hiring and firing, evaluation, recordkeeping and recognition of the efforts of the people who give their time.

There are a few brave people who attempt to do this, but as the program grows most people find it is too much to handle. Not only do volunteer directors do all of the above, but they also get involved in problem-solving among the volunteers, and between the agency and the volunteer program. And then there is the training of all these wonderful workers. To plan effective training, one must not only research the needs of the various departments of the agency but also devise a plan to orient new people to the do's and don't's of their new roles. It is essential that volunteers know their legal liabilities as well as the boundaries and responsibilities of their position within the agency.

All of this work piled onto a "volunteer" volunteer director might result in an agency's losing one of its best people. The move to pay a volunteer director is a smart one, especially if the program has grown to the point where potential, as well as current volunteers, are calling throughout the work week and need special attention. There is nothing worse than to have a potential volunteer be told that the person with whom he or she needs to speak is available only on a certain day and at cer-

Cynthia M. *Bartholomew* has been the Director of Volunteer Services at the Voluntary Action Center for the Capitol Region, Inc., in Hartford, Connecticut, for the past six and one-half years. During the past twelve years she has worked for the nonprofit sector as a volunteer, consultant, trainer and administrator. Currently, Ms. Bartholomew operates the VAC SKILLSBANK and provides training and consulting on all facets of volunteer management.

tain hours. Failing to catch the inquirer at the very moment he/she has made a decision to donate some spare time may result in losing a willing worker.

Consider the importance of another duty carried by the person directing volunteers: scheduling. To arrange convenient times for volunteers is not as easy as it may seem at first glance. Many factors must be considered. Will there be a parking spot? Does the bus deliver volunteers at a set hour? Do they need assistance getting into the building? Is there a desk, phone and other office equipment ready to help them do their job? Who will answer their questions? On their first day, who will escort them to their position and introduce them to fellow workers? What other details need to be ironed out? It is important that volunteers are made to feel welcome, appreciated, fully informed, and expected when they first arrive. It is the director of volunteers who does this and so much more!

For those of who want to hear the bottom line on the value of a volunteer to the agency, the figure from the United States Department of Health, Education and Welfare is $10.40 per hour. If a volunteer administrator supervises 100 volunteers who put in an average of 4.5 hours per week, the dollar value of the volunteers' work is $243,360 per year. Subtracting the salary for the volunteer administrator ($25,000 per year, a low estimate), the agency has received $218,360 on its investment in a volunteer director. This formula works very well for any organization which keeps good records on volunteer service to the agency.

So what does this all boil down to? A paid volunteer director is equivalent to a personnel director. Many large organizations could not function without a personnel director. The volunteer director guides the volunteer workforce, and shapes it into something that is a vital part of the agency. If the volunteer director's position is eliminated, many things will begin to happen. Volunteers will no longer know to whom they should report. The feedback and instruction that the director provided will not be available, perhaps causing the work that is being done to lose its quality and quantity. Without daily recognition, volunteers could begin to feel that they are no longer appreciated and most likely stop coming to help. Problems can break out when potential volunteers call and the staff has no person to handle the calls. If volunteers are "hired" by any staff person, who is checking references to be sure that this person is appropriate to the needs of the organization? When people call to offer time as volunteers and no one gets back to them or they get the runaround, they are likely to have bad feelings about the organization and may tell others not to try to volunteer because the organization is not interested. It is bad publicity for a volunteer program and the not-for-profit. Not knowing who is in charge will cause dissension in the group and many may leave upset.

It is essential for most growing nonprofit organizations eventually to move toward hiring a paid volunteer director. The position is a keystone in assuring the efficient and smooth transition of volunteers into a useful workforce which feels an allegiance to the organization. In recent research by the Independent Sector, it has been found that once people are volunteering for an organization they often make other (*i.e.*, financial) contributions to the same. For the health and growth of the not-for-profits, volunteer directors are an important component of the paid staff.

Commentary

Contrasting Rewards for Volunteering in Agencies' Programs with Volunteering in Clubs and Churches

William N. Stephens

For the past few years I have been doing a life-history study of outstanding volunteers (1989). I have also had some dealings with the professionals of the volunteer field: cities' volunteer centers, agencies' and hospitals' volunteer coordinators, ACTION and other such national centers and backups for the cities' programs. To a great extent, the professionals and my outstanding volunteers operated in two different worlds. The network of the professionals—from ACTION, and VOLUNTEER: The National Center, down through the local volunteer bureaus and individual agencies—represents just one part of the world of volunteering. There is a realm of volunteering outside the professionals' network; and I think it is very important.

This other realm I am going to call, for want of a better term, clubs and churches. By "clubs" I mean voluntary organizations which operate without a paid staff (such as in Boy Scouts). Service clubs, civic organizations, "societies," "associations," youth organizations, would all be included: Rotary, Kiwanis, Junior League, League of Women Voters, the American Legion, Audubon Society, Masons and Demolay, AAUP, AARP, NAACP . . . and so on.

In these groups, the individual chapters or clubs have to be run by the members. Office-holders, committee members, people to take responsibility and help arrange events, and do whatever has to be done are often in short supply. If you are a member of such a club, and you volunteer to do something—and if you do it all right, then you will be asked again. And again. And again. In such fashion you can soon become a mainstay of the group. The group will be depending on you; you will feel obligated. The club has "claimed" you, in Paul Gump's term (1981).

My outstanding volunteers usually got drawn into volunteer work in voluntary organizations and in churches. My people did other kinds of volunteer work, too. They volunteered in hospitals and nursing homes, and in society agencies; some of them were community leaders and served on boards; and they worked on various fund-raising drives. But this process of being drawn in usually began in voluntary organizations and in churches. Subsequently, their involvement in these original organizations became a springboard into other activities.

I think there are other reasons why these outstanding volunteers became so active. They had special personal characteristics (such as willingness to hold offices) which help account for their careers. But most of them have some church or club to thank for giving them their start.

Work in these voluntary organizations has an open-ended quality. One thing leads to the next. A volunteer tends to be drawn upward into committees and leadership positions if he or she has any inclination for this at all.

This is less apt to happen in "agencies." These are organizations with paid staff: not only social agencies, but also hospi-

William N. *Stephens* received his doctorate from Harvard in Human Development. Since the early 1970s he has been concerned with the origins of altruism. His previous works, *Our Children Should be Working* and *Activities for Teenagers*, have dealt with this, as will *Altruists and Volunteers*, to be published late in 1989 by MBA Press. He is now beginning a research project on volunteering by retired persons, to be done out of the Institute on Aging at Florida State University in Tallahassee.

tals, nursing homes, school systems, museums, parks and recreation departments. This is the realm of volunteering that the network of professionals is tied into. Agencies' volunteer coordinators run volunteer programs; cities' volunteer coordinators run volunteer programs; cities' volunteer bureaus refer prospective volunteers to them; and backup is sometimes provided by national offices such as ACTION. In agencies, the core people are the paid staff. Volunteers are specially recruited and trained, and fit into a delimited niche in the organization. A few of the volunteers may move up, become staff members themselves some day, or board members. But usually the volunteers are not drawn into leadership positions. This kind of volunteer work is much less likely to lead onward and upward, to new experiences and social involvements, either within the organization once the original job is learned and done, or outside. It is less apt to be a springboard.

For a person who seeks volunteer work in order to make friends in a new town, become grounded in the community, become a part of things; for a retiree who wants to not only keep busy but do meaningful work and feel important; for someone who wants to try a "career," an unfolding of new experiences in volunteer work—the clubs and churches are better places to start than the agencies. This is especially true for people who are willing and able to hold offices and sit on committees. If a person has time, it is good to shop around and try both kinds of volunteer work, since, of course, the agencies offer worthwhile experiences, too. The danger for people who are not club or church members is that they will volunteer in agencies and not discover what this other form of volunteering might do for them.

An example is a widow who needs to build a new life in a new city. She is happy with her volunteer job as a hospital aide, but she is still relatively friendless and uninvolved after a year in her new home. She would probably be further along in building her new life if she had devoted that time to a civic organization instead.

People who seek advice about where to volunteer from a city's volunteer bureau or from an office for retirees' volunteering are referred to the agencies. (Actually, if, for my study, I had sampled more widely among the different sources of referral for volunteers, perhaps I would have found some interesting exceptions.) Evidently the reasons for this are simply procedural: one agency, with its procedures (the volunteer bureau), inter-relates in a procedural manner with another. A club, by contrast, is seen as lacking accountability; the club leadership is changeable, less dependable, not "professional." A volunteer bureau worker says that when she interviews someone who wants to volunteer, she will "make them aware" of some of the voluntary organizations. But her actual referrals are to the agencies. And she never refers people to churches; evidently the bureau's guidelines do not allow it. Similarly, an RSVP (Retired Senior Volunteer Program) director says she places people in agency volunteering, not in voluntary organizations; certain kinds of church work are allowable. But "ministry-related" volunteering is not, nor is work on political campaigns.

What should be done about this? Perhaps no procedural change is necessary; but I do think some emphasis should be put on making applicants aware of true voluntary organizations and church work (small churches seem to be better than big churches for drawing people into involvement) and community work. This would be especially true for prospective volunteers who need to make friends, get involved socially, and become grounded in the community; and for those who seem to be good candidates for office-holding and committees.

The voluntary coordinators in the agencies struggle to recruit and then keep their volunteers. They exercise their ingenuity as best they can within the strictures of their organizations to keep their volunteers happy, make them feel appreciated and a part of things. They have numerous problems and handicaps (as do voluntary organizations).

But the agency volunteer coordinators have less leverage than do the clubs and churches for getting involvement and commitment because opportunities for mobility are usually so limited in agency

volunteering. Moving up in the organization, thereby becoming "claimed," is less possible in agencies. Also, in an agency in which the volunteer works alongside paid staff, he or she tends to be marginal; by contrast, in a voluntary organization, one can become a core member merely by doing some work.

Could the volunteer coordinators overcome their disadvantage by copying the voluntary organizations? They have little leeway for this. But here and there among the agencies there are opportunities to at least adopt certain features of the clubs. One thing that can be done is to have a club (of volunteers) within the agency. The prototype of this is a high school band which has not only the band director, who is a teacher, but also student-officers—president, secretary, treasurer, and so on; that is to say, it is also organized as a school club. The club raises money for trips and events, like other clubs would do; it has socials and activities and meetings. I have not heard of anything like this within the agencies; but volunteer coordinators sometimes stop one step short of this. A Big Brother/Big Sister director speaks of her concern that her volunteers get to know each other and form a group; so they have parties about four times a year. So perhaps a bit more development in this direction might be helpful for certain volunteer programs.

A volunteer coordinator might also widen opportunities for mobility and "getting into things," both within the organization (sponsoring the occasional volunteer into a staff position or onto a board or committee) and also outside the organization, connecting certain volunteers with interest groups. This might not necessarily benefit the volunteer program by strengthening commitment; it would be more in the nature of a gift to the volunteers, offering some of them a springboard, like a voluntary organization might do.

There are many inventive persons out there in the agencies. Some of them might come up with better ideas than these. Looking at detailed models from the voluntary organizations would help agencies' programs. Here I can offer my own writings: how the outstanding volunteers were drawn into voluntary organizations (1989) and the workings of youth organizations (1983). There must be other examples in the literature. Agency people, too, would know many examples from their own personal experience.

This article is based on a talk given to the Association of Voluntary Action Scholars.

REFERENCES

Gump, Paul V. Adolescence and the Significance of Function. *Character*, November 1981, *3*(1), 1-5.

Stephens, William N. *Activities for Teenagers*. Tallahassee: Youth Studies. 1983.

———. *Altruists and Volunteers: Case Histories*. Walla Walla, WA: MBA Press. 1989 (pending).

Volunteerism Citation Index

Covering Articles

Appearing During 1988-1989

David Colburn, Citation Editor

The Volunteerism Citation Index (VCI) is published twice a year by *The Journal* as a service to our readers. It is intended to be a tool for learning what is being written about volunteerism by those in other professions, and as an ongoing guide to current trends affecting volunteerism. VCI also assists those who are conducting research, and adds another dimension to the definition and formalization of our field.

VCI includes citations from both popular and scholarly sources generally available in libraries. Articles are selected because they relate directly to volunteerism and volunteers, *as defined by the subject matter*, not the source. Pamphlets, newsletters, dissertations, unpublished papers and most newspaper articles are excluded because they are too "fleeting" in availability and often difficult to track down in their entirety.

COURTS

Teen Patrols Help Police Playgrounds. *Enforcement Journal*, Aug./Sept. '86, pp. 1-11.

Burden, Ordway P. Does Success Breed Complacency? *Law Enforcement News*, Sept. '87, pp. 5, 13.

Maiorana, G. Family Stress Team. *Law and Order*, Sept. '88, *36*, 66-67 . . . paid and volunteer social workers aid police in smoothing out volatile family disturbances.

Marlin, Dale. Reading and Rehabilitation: Literacy Volunteers of America in Corrections. *Journal of Correctional Education*, Sept. '88, *39*, 135-136 . . . inmates and community volunteer tutors provide basic reading instruction.

McAlevey, Michael. C.O.M.B.A.T. *Law and Order*, Nov. '87, pp. 80-83.

Mickish, J. Stress Takes a Toll: Volunteer Advocates for Battered Women. *Response*, 1987, *10*, 9-13.

Morgan, J.P. Apathy is a Major Obstacle in Path of Crime Control. *Campus Law Enforcement Journal*, Sept./Oct. '87, pp. 35-44.

Shernock, Stan K. Bystander Response to Criminal Events: Rescue or Crime Control? *Criminal Justice Abstracts*, Sept. '87, pp. 481-511.

White, Clare L. Organizing and Developing Prosecutors' Victim Assistance Programs. *Crime Victims Digest*, Sept. 88, pp. 1-4.

EDUCATION

Barre, Nancy. Natural Resources: Making the Most of Alumni/Admissions Volunteers. *Currents*, July/Aug. '88, *14*, 34-40.

Bragg, Forrestine A. I Read and Write. *Essence Magazine*, May '89, *20*, 148 . . . literacy programs and volunteering.

Brookman, Barbara A. Parent to Parent: A Model for Parent Support and Information. *Topics in Early Childhood Special Education*, Summer 88, *8*, 88-93 . . . matching parents of children with disabilities for mutual support.

deRivers, Joseph E. & James Laird. Peace Fair or Warfare: Educating the Community. *Journal of Social Issues*, Summer '88, *44*, 59-80 . . . an educational peace fair, evaluation of current peace movement.

Hakanson, Edward E. & Doris V. Gunderson, Eds. Blueprint for Tutoring Adult Readers. *Drake University*, 1986, 78 pgs. . . . guide to assist volunteers in tutoring adult readers reading below ninth grade level.

Hollweg, Karen S. Denver Audubon Society's Urban Education Project: Volunteers Teaching Children. *Denver Audubon Society*, 1988, 105 pgs. (available from Denver Audubon Society, 975 Grant St., Denver, CO 80204, $5)

Johnson, H. Wayne. Volunteer Work in the Introductory Course: A Special Curriculum Component. *Journal of Social Work Education*. Spring/Summer '88, *24*, 145-

150 . . . school of social work experiences in requiring volunteer service of undergraduates.

Munro, Connie. Community Schools in Alaska: FY 87 Report. *Alaska State Department of Education*, 1987, 31 pgs. . . . volunteers recruited and trained to participate in total school program from child care to instructors before, during and after school.

Nelson, Lynda A. & Deborah C. Rogers. Parents and Volunteer Partners: Another Option of Service Delivery for Rural Families with Special Needs Children. *Rural Special Education Quarterly*, 1987, *7*, 13-15.

Overmeyer, Elizabeth. Booklegging: Community-Wide Booktalking through Library-trained Volunteers. *Journal of Youth Services in Libraries*, Fall '87, *1*, 82-86 . . . pilot project to present book talks to elementary and junior high students.

Rossing, Boyd E. Tapping the Potential: Learning and Development of Community Volunteers. *New Directions for Continuing Education*, Summer '88, *38*, 37-47 . . . informal learning in integrating classroom and on the job learning.

Theus, Kathryn T. Campus-based Community Service: New Popularism or "Smoke and Mirrors?" *Change*, Sept./Oct. '88, *20*, 26-38 . . . legislation to establish domestic Peace Corps discussed.

HEALTH CARE

Brichacek, G.B. Hospice Volunteer Turnover: A Measure of Quality Assurance in the Utilization of Volunteers. *American Journal of Hospice Care*, Nov./Dec. '88, *5*, 32-35.

Caplinger, K.J. The Physician as a Community Volunteer. *Journal of the Arkansas Medical Society*, Nov. '88, *85*, 245-255.

Dershimer, R.A. How to Continue to Attract the Kind of Volunteers We Need in Hospice: What the Future Holds. *American Journal of Hospice Care*, Sept./Oct. '88, *5*, 43-46.

Farnsworth, B. & C. Warren. Support Programs Respond to the Emotional and Psychological Impact of AIDS. *Georgia Nurse*, Sept./Oct. '88, *48*, 1, 9, 11.

Greif, G.L., & C. Price. A Community-based Support Group for HIV-positive I.V. Drug Abusers: The HERO Program. *Journal of Substance Abuse Treatment*, 1988, *5*, 263-266 . . . dealing with drug abusers with history of noncompliance.

Johnson, Marguerite. Operating in Danger Zones. *Time*, Jan. 16, '89 . . . volunteer doctors and nurses serving in the world's trouble spots.

Low, Leslie J. & Claudine Sherrill. Sports Medicine Concerns in Special Olympics. *Palaesta*, 1988, pp. 56-57, 60-61 . . . guidelines for volunteers working with Special Olympians.

Masterman, S.H. & R. Reams. Support Groups for Bereaved Preschool and School-age Children. *American Journal of Orthopsychiatry*, Oct. '88, *58*, 562-570.

Mech, E.V. & E.L. Leonard. Volunteers as Resources in Preparing Foster Adolescents for Self-sufficiency. *Child Welfare*, Nov./Dec. '88, *67*, 495-560 . . . specific roles for volunteers and recommendations for strong volunteer programming.

Schaffer, S.D. Community Services: An Avenue for Nursing Power. *Pediatric Nursing*, Jan./Feb. '89, *15*, 59-60 . . . benefits of directing nursing expertise into a community.

Stefanik-Campisi, C. Abstinence in Chemically Dependent People: Why Do They Stay Sober & How Can We Help? AD *Nurse*. Sept./Oct. '88, *3*, 16-18.

Weir, C.H. Donated Dental Services Gaining Momentum in State. *Louisiana Dental Association Journal*, Summer '88, *47*, 29-30 . . . dental care for handicapped.

Young, J. & C.L. Williams. Whom Do Mutual-help Groups Help? *Hospital Community Psychiatry*, Nov. '88, *39*, 1178-1182 . . . a typology of patients treated and untreated.

SENIORS

Filinson, R. A Model for Church-based Services for Frail Elderly Persons and Their Families. *Gerontologist*, Aug. '88, *28*, 483-486.

Halpert, Burton P. Volunteer Information Provider Program: A Strategy to Reach and Help Rural Family Caregivers. *Gerontologist*, April '88, *28*, 256-259.

Sweet, M., N. Stoler, R. Kelter, and R.J. Thurrell. A Community of Buddies: Support Groups for Veterans Forced into

Early Retirement. *Hospital Community Psychiatry*, Feb. '89, *40*, 172-176.

TRENDS

Charity: Americans give. . . *Economist*, Jan. 28, '89, *310*, 22 . . . role of charity and volunteer work in society.

Crisis Time for Non-profits: Voluntarism. *Vital Speeches*, Jan. 1, '89, p. 170.

Doing a Lot of Good with a Little Time. *Washingtonian*, Feb. '89, *24*, 252.

Becker, Rene. Volunteers. *Boston Magazine*, Dec. '88, *80*, 168.

Brown, Linda J. Vacations with Environmental Impact. *Backpacker*, May '89, *17*, 10 . . . organizations seeking volunteer workers for remote areas.

Carter, Michael V. The Rural Church: Can It Be an Arena for Change? An Example for Appalachia. *Human Services in the Rural Environment*, Winter '88, *11*, 31-33 . . . programs uniting 23 church denominations for social and volunteer projects to improve quality of rural life.

Clemmons, C.J. Execs Learn to Volunteer. *Black Enterprise*, Feb. '89, *19*, 37 . . . United Way's executive volunteer training program.

Hammonds, Keith H. The New Face of Public Service. *Business Week*, Oct. 24, '88, pp. 57-58.

Jardine, Cassandra. Investing for the Community. *Business*, March '89, pp. 137-139+ . . . companies bringing social responsibility and commercial interest together in a new wave of community involvement.

Judkins, Phillip. Working from Home. *Multinational Business* Fall '88, pp. 9-15 . . . selected, trained volunteers leave parent company and establish their own limited company, contracting to parent company.

Karlen, Neal. Lady, Can You Spare Some Time? *Savvy Woman*, Feb. '89, *10*, 58.

Krupicka, William M. & Michael J. Fimian. Using the Microcomputer to Match Special Education Teacher Needs with Volunteer Interests. *Journal of Special Education Technology*, Fall '87, *9*, 30-37 . . . system developed to match identified special education classroom needs with volunteer resources.

O'Connell, Brian. Two Million Points of Light. *Across the Board*, March '89, *26*, 11-12+ . . . what is necessary to keep the lights of America's voluntary sector shining?

Sheler, Jeffery L. & David Whitman. The Push for National Service. U.S. *News & World Report*, Feb. 13, '89, *102*, 20 . . . new interest in voluntary efforts to help needy and revive patriotism.

Simpson, Janice C. For Goodness' Sakes; What Americans Do When They See a Crying Need. *Time*, Jan. 9, '89, *133*, 20.

Walsh, Edward R. A Tie That Binds: Intergenerational Programming. *Parks & Recreation*, March '89, *24*, 50.

Whitford, Ellen. Filling the Gaps. *Scholastic Update*, Feb. 10, '89, *121*, 18 . . . private groups and individuals helping the homeless.

Wilson, David. Toward a Revised Urban Managerialism. *Political Geography Quarterly*, Jan. '89, *8*, 21-41 . . . how managers can use voluntarism to overcome political and economic constraints.

Winbush, Don. A Bootstrap Approach to Low-cost Housing. *Time*, Jan. 16, '89, *133*, 12.

YOUTH

Berson, R.J. A Bereavement Group for College Students. *Journal of American Collegiate Health*, Nov. '88, *37*, 101-108.

Chu, Dan. California Teen Volunteers Make Their Peers an Offer They Shouldn't Refuse: "You Drink, We'll Drive." *People Weekly*, Nov. 28, '88, *30*, 91.

Cohen, Paul W. One Teen's Campaign for the Homeless. *Scholastic Update*, Feb. 10, '89, *121*, 20 . . . includes directory of organizations providing services for the homeless.

Kerson, Roger. Students Clean up the South. *Technology Review*, April '89, *92*, 12 . . . science interns from Vanderbilt University.

Lewis, Anne C. Facts and Faith: A Status Report on Youth Services. *William T. Grant Foundation*, Aug. '88, 56 pgs. . . . research supports value of youth service, indicates concern about diminishing interest of young people in giving of themselves.

Schine, Joan G. Adolescents Help Themselves by Helping Others. *Children Today*, Jan./Feb. '89, *18*, 10 . . . early adolescent helper program.

Walsh, Edward R. A Tie that Binds. *Parks & Recreation*, March '89, *24*, 50 . . . intergenerational programming.

White, Margaret. My Son Needed to Feel Needed. *Parents Magazine*, April '89, *64*, 84.

MISCELLANEOUS

Citizenship and National Service. A Blueprint for Civic Enterprise. *Democratic Leadership Council*, 1988, 75 pgs. . . . a program of voluntary national service . . . a "Citizens Corps."

Boorstin, Daniel J. Can Patriotism Be Legislated? U.S. *News & World Report*, Feb. 13, '89, *106*, 26 . . . national service in a "free society."

Braverman, Marc T. Respondent Cooperation in Telephone Surveys: The Effects of Using Volunteer Interviewers. *Evaluation and Program Planning*, 1988, *11*, 135-140.

Macduff, Nancy. The Junto: Filling a Need Beyond the "How-to." *Voluntary Action Leadership*, Spring '88, pp. 22-23 . . . provides background on the junto and its role as a voluntary discussion group attempting to solve problems.

McCaig, Donald. Rural Firemen. *Country Journal*, March/April '89, *16*, 79.

Pawlick, Tom. House Calls of the Wild. *International Wildlife*, March/April '89, *19*, 12 . . . volunteer care protects wildlife.

Rosen, Marjorie. How Volunteers Have Changed My Life. *Woman's Day*, Jan. 17, '89, p. 60.

THE JOURNAL OF VOLUNTEER ADMINISTRATION

P.O. BOX 4584 • Boulder CO 80306 • 303 497-0238

GUIDELINES FOR SUBMITTING MANUSCRIPTS

I. CONTENT

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

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

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

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

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

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

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

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

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

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

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

Articles must be conscious demonstrations of an issue or a principle.

II. PROCEDURE

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

AVA
P.O. Box 4584
Boulder, CO 80306

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

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

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

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

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

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

1. a one-paragraph biography, highlighting the author's background in volunteerism;
2. a cover letter authorizing THE JOURNAL OF VOLUNTEER ADMINISTRATION to publish the submitted article, if found acceptable;
3. mailing address(es) and telephone number(s) for each author credited.

D. Articles will be reviewed by a panel of Reviewing Editors. The author's name will be removed prior to this review to assure full impartiality. The review process takes six weeks to three months.

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

2. Unpublished manuscripts will be returned to the authors with comments and criticism.

3. If a manuscript is returned with suggestions 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.

III. STYLE

A. Manuscripts should be *ten to thirty pages* in length, with some exceptions.

B. Manuscripts should be typed, double-spaced on 8½" x 11" paper.

C. Manuscripts should be submitted with a title page containing title and author and *which can be removed* for the "blind" review process. Author's name should not appear on the text pages, but the article title may be repeated (or a key word used) at the top of each text page.

D. Footnotes should appear at the end of the manuscripts, followed by references listed alphabetically (please append an accurate, complete bibliography in proper form).

E. Authors are advised to use non-sexist language. Pluralize or use he/she.

F. Contractions should not be used unless in a quotation.

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

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

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

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

THE JOURNAL OF VOLUNTEER ADMINISTRATION welcomes your interest in our publication. We are ready and willing to work collaboratively with authors to produce the best possible article. Please feel free to submit outlines or first drafts to receive initial response from us. If your work is not accepted on the first try, we encourage you to rewrite your manuscript and resubmit.

Further questions may be directed either to our administrative offices in Boulder or to Anne Honer, Editor-in-Chief (401-294-2749, evenings).

1989 AVA International Conference on Volunteer Administration

AVA's International Conference for Volunteer Administration will be held October 12-15, 1989 at the Crystal Gateway Marriott in Arlington, Virginia, part of the Washington, DC area. *Leadership: A Capital Investment* is the conference theme and will provide a focus for all sessions.

The sessions will cluster into three tracks: Investing in Ourselves, Investing in Our Program, and Investing in Our Profession. It will offer a wide selection of learning opportunities, at both the introductory and experienced levels.

Conference participants will have opportunities to grow personally and professionally in topic areas from wellness to welfare, management to marketing, and graphics to guiding lights. Attendees will be able to choose from among 43 hour-and-a-half workshops, 19 three-hour Institutes and numerous consultation sessions led by trainers such as: Steve McCurley, Sue Vineyard, Rick Lynch, Anita Bradshaw, Nancy Macduff, Sheila Albert, Gretchen Stringer and John Paul Dalsimer.

The International Conference on Volunteer Administration will feature four widely acclaimed, outstanding speakers.

Patricia Schroeder, U.S. Representative (D-Colorado), will keynote the opening banquet.

Friday's breakfast will introduce Bernard C. Watson, Ph.D., president , CEO, and director of the William Penn Foundation.

Stephen Lewis, former Canadian Ambassador to the United Nations (1984-88) will speak at Saturday's breakfast and the closing brunch on Sunday will feature Hunter D. Adams, M.D., founder of the Gesundheit Institute.

This years' exhibit area will be a very exciting part of the conference. It will be an interactive marketplace in which you will discover the most comprehensive array of volunteerism books, video tapes, training and recognition items, and other resources ever assembled in one spot. It will give you the chance to browse, read, examine, ask questions about, and purchase.

The Crystal Gateway Marriott Hotel reservation rates per day will be: Single $81.00 and Double $99.00. To make hotel reservations, call the Marriott at (800)228-9290 or request a hotel reservation form when mailing in your conference registration.

For more information call:

- The AVA National Office at (303) 497-0238 or,
- Conference Office at (202) 728-4248.

Conference Agenda

Thursday, October 12th		
8:30am	- 12:30pm	Pre-conference Seminars
11:00am	- 12:00pm	Orientation to AVA and the Conference
1:00pm	- 2:45pm	Affiliate and State Offices Meetings
3:00pm	- 5:00pm	Regional Meetings
6:00pm	- 7:00pm	President's Reception
7:00pm	- 9:00pm	Opening Banquet
		Keynoter, U.S. Rep. Pat Schroeder
Friday, October 13th		
7:00am	- 8:00am	Consultation Sessions
8:00am	- 9:30am	Breakfast
		Keynoter, Dr. Bernard Watson
10:00am	- 11:30am	Workshops and Consultations
10:00am	- 5:30pm	All Day Seminars
12:00pm	- 1:45pm	Awards Luncheon
2:15pm	- 3:45pm	Workshops, Consultations, & Small Groups
2:15pm	- 5:30pm	Institutes
4:00pm	- 5:30pm	Workshops, Consultations, and Papers
Saturday, October 14th		
7:30am	- 9:00am	Breakfast
		Keynoter, Ambassador Stephen Lewis
9:30am	- 12:30pm	Institutes, Consultations, and Small Groups
1:00pm	- 2:00pm	AVA Member/Colleague Lunch
2:30pm	- 5:30pm	Annual Meeting
6:30pm	- 10:00pm	AVA Board of Directors Meeting
Sunday, October 15th		
7:00am	- 8:00am	Consultation Session
7:30am	- 8:30am	Continental Breakfast
8:30am	- 10:00am	Workshops, Papers, and Consultations
11:00am	- 1:00pm	Brunch
		Keynoter, Dr. Hunter "Patch" Adams

Conference Registration Form

ease complete this page to register for AVA's 1989 International Conference on Volunteer Administration. Type or print the llowing information as you wish it to appear on your AVA 1989 International Conference name tag. Mail the completed page th your payment for the total amount to the address at the bottom of the page. Thank you.

ame _____ Title _____

rganization _____ Address _____

ty _____ State/Province _____ Zip/PC _____ Country _____

ork Phone ( ) _____ Home Phone ( ) _____

r credit card payment circle: VISA Master Card

_____ Ex. Date _____ Signature _____

r purchase order: P.O.# _____

I require special meals. Specifiy _____

Office Use Only:
Reg# _____ Charge _____
Date _____ PO # _____
Ck # _____ Amt. _____
Total Pd. $ _____

---

ease complete. Check your selections and record the amounts owed in the spaces on the right. Thank you.

oin AVA and Save Money

Amount

es, I'll join AVA and receive the AVA member conference registration rate and benefits.

Active $75 ❑ Students $40 $ ____

ull Conference Registration

ice includes conference workshops, materials, offee breaks, one reception, and six meals (listed on age 9). The full registration rates for October 12 - 15, '89 are listed below. Check the category applicable to you and fill in the amount.

	by 9/1/89 Advanced	Regular	
AVA Member*	$265	$285	$ ____
AVA Affiliate*	$275	$300	$ ____
Non-AVA Member	$310	$325	$ ____

*Member #/Affiliate Name _____

artial Conference Registration

/ou can't attend the entire conference, come for day, October 13th, or choose the Weekend Special, October 14th and 15th. The fee covers workops, materials, coffee breaks, and meals.

Friday Special Registration ..... $135 $ ____
Weekend Special Registration ..... $180 $ ____

btotal for Column One ..... $ ____

Mail check, made payable to AVA, and this form to:
.VA 1989 Conference, P.O. Box 4584, Boulder, CO 80306.

Special Events, Workshops, and Tours

Amount

These events require additional fees for attendance. Please check those you will attend and fill in the amounts.

❑ Volunteerism & the Military, Oct. 11th .... $25 (101) $ ____
❑ AVA Certification Workshop, Oct. 14th .. $35 (102) $ ____
❑ AVA Member/Colleague Lunch, Oct. 14th ..... $15 (103) $ ____

❑ Increase Board Effectiveness, Oct. 12th. $50 (104) $ ____
❑ Your Leadership Style, Oct. 12th ..... $50 (105) $ ____
❑ Screening Volunteers for Sexual Abuse, Oct. 12th ..... $50 (106) $ ____

❑ Welcome to Washington, Oct. 11th ..... $21 (107) $ ____
❑ Mount Vernon & Alexandria, Oct. 12th .. $27 (108) $ ____
❑ Gadsby's Tavern, Oct. 13th ..... $42 (109) $ ____
❑ Champagne Tour, Oct. 13th ..... $23 (110) $ ____
❑ Marrakesh Dinner & DC Tour, Oct. 14th . $44 (111) $ ____
❑ Champagne Tour, Oct. 14th ..... $23 (112) $ ____

Additional Tickets

Below is a price list for extra, individual meal tickets. Indicate the number of tickets required for each event; multiply by the price of the ticket, and write the cost in the column.

	Price	#		
❑ Reception & Dinner, Oct. 12th	$28	x __	(113)	$ ____
❑ Breakfast, Oct. 13th	$12	x __	(114)	$ ____
❑ Lunch, Oct. 13th	$20	x __	(115)	$ ____
❑ Breakfast, Oct. 14th	$15	x __	(116)	$ ____
❑ AVA Lunch, Oct. 14th	$15	x __	(117)	$ ____
❑ Continental Breakfast, Oct. 15th	$ 5	x __	(118)	$ ____
❑ Brunch, Oct. 15th	$30	x __	(119)	$ ____

Subtotal for Column Two ..... $ ____
Subtotal from Column One ..... $ ____
Total Amount ..... $ ____

For a hotel registration form check here. For more information call AVA's National Office at (303) 497-0238.

THE JOURNAL OF
VOLUNTEER
ADMINISTRATION

P.O. Box 4584 • Boulder CO 80306 • 303 497-0238

Guide to Publishing a Training Design

When submitting a training design for publication in *The Journal of Volunteer Administration*, please structure your material in the following way:

TITLE OR NAME OF ACTIVITY

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.

LEARNING OBJECTIVES: One or more sentences specifying the objectives of the activity.

TIME REQUIRED: Approximate time frame.

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

PHYSICAL SETTING: Room size, furniture arrangement, number of rooms, etc.

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. Camera-ready handouts are appreciated.

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

Include a three or four line biographical statement at the end of the design and any bibliographical references showing other available resources.

Please send three (3) copies of all materials to: THE JOURNAL OF VOLUNTEER ADMINISTRATION, P.O. Box 4584, Boulder, CO 80306.

Subscription Form

☐ I would like to join the Association for Volunteer Administration and receive **The Journal** as a benefit of membership. Please send me more information.

☐ I would like to subscribe to **The Journal of Volunteer Administration** for one year (four issues) at $24.

☐ I would like to subscribe to **The Journal of Volunteer Administration** for three years (twelve issues) at $65.

Name _____

Title _____

Organization _____

Address _____

_____ **Zip** _____

☐**Check or money order** (payable in $US) enclosed, made out to: Association for Volunteer Administration. Please note: subscribers outside the United States and Canada must add $10.00 per year for additional postage and handling costs.

☐ **Charge** to my ☐ VISA ☐ MasterCard

Card No. _____

Expiration Date _____

Signature _____

Complete and return to: Association for Volunteer Administration
P.O. Box 4584, Boulder, CO 80306 (303) 497-0238

1989 INTERNATIONAL CONFERENCE ON VOLUNTEER ADMINISTRATION

Association for Volunteer Administration

October 12–15, 1989 Washington, D.C.

FULL CONFERENCE REGISTRATION INCLUDES:

- President's Reception • Opening Banquet • Workshops
- Volunteer Management Consultations • Resource Marketplace • Papers
- Breakfasts • Awards Luncheon • Sunday Brunch

Keynoters: Patricia Schroeder: U.S. Representative, D–Colorado
Bernard C. Watson, Ph.D.: William Penn Foundation
Stephen Lewis: former Canadian ambassador to the U.N.
Hunter "Patch" D. Adams, M.D.: Gesundheit Institute

REGISTRATION	FEES By 9/1/89 Advanced	Regular
AVA Member	$265	$285
AVA Affiliate	$275	$300
Non-AVA Member	$310	$325
Friday Special Registration		$135
Weekend Special Registration		$180

For more information, contact AVA!

AVA

Conference Office: c/o AARP Dept. AVA 1909 K Street N.W. Washington, D.C. 20049 (202) 728-4248
AVA National Office: P.O. Box 4584 Boulder, CO 80306 (303) 497-0238

THE JOURNAL OF VOLUNTEER ADMINISTRATION
P.O. Box 4584
Boulder, Colorado 80306

Nonprofit Org.
U.S. Postage
PAID
Boulder, CO
Permit No. 236