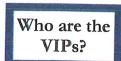
V. – B.

Aitkin County Volunteer Initiative Program

DRAFT 3/3/201

Introducing a new innovation from Aitkin County-The Aitkin County Volunteer Initiative Program [ACVIP]. ACVIP is compromised of volunteers who seek to share their professional expertise and have a high level of commitment and dedication to improving the quality of life for people who work, live and play in Aitkin County. Volunteers are referred to as a "VIP"- a Volunteer In Process and a Very Important Person to this program.

This unique, high-impact program allows volunteers to directly apply their skills and expertise through volunteering at events, one-on-one mentoring and presenting workshops in townships throughout the County. Volunteers contribute to the health and well-being our County.



Community members, retired health professionals and specialists who live in Aitkin County. Accountants, carpenters, chiropractors, dentists, doctors, educators, electricians, EMTs, family counselors, food service specialists, lawyers, MDH professionals, nurses, pastors, pharmacists, physician assistants, plumbers, psychologists, social workers, soldiers, therapists, YOU!

<u>Program focus areas are:</u> Chronic Disease, Eating Habits, Emergency Preparedness, Gardening, Healthy Start for Children and Adolescents, Mental Health & Wellbeing, Nutrition, Obesity, Parenting & Family Systems, Physical Activity, Senior Citizen Health, Tribal Health & Wellness and WIC-Women, Infants and Children.

Why should YOU consider becoming a VIP?

HELP YOUR COMMUNITY: Know that you are giving your time, talent, wisdom and experience to your community and neighbors who need you.

HELP YOURSELF: Through service, you can add to the quality and health of your life. Research indicates that volunteers enjoy better health, make new friendships, stay active and involved in the community, and learn new skills.

MAKE A DIFFERENCE: Be part of a County movement designed for seniors to transform Aitkin through the involvement of its citizens.











ACVIP Questions & Answers

What will I be doing as a VIP?

Based on your expertise, you will conduct outreach through the County by volunteering at events, one-on-one visits, leading workshops, roundtable discussions or presenting lectures. With support from the Director, outreach sessions will be developed which:

- -provide a compelling description of what an attendee can expect learn
- -articulate clear take-aways from the session
- -are innovative and have the content and approach to support this distinction
- -where applicable, provide a format that is engaging and interactive for participants
- -incorporate real-world case studies and practical applications

Where will I be working as a VIP?

Your training will be coordinated through the Aitkin County Health and Human Services Agency-Public Health Unit.

Your outreach may include utilizing township halls throughout the County, Food shelves located in Aitkin, Garrison, Hill City, Isle, Jacobson and McGregor and at special events which may partner with other organizations who have facilities.

How much time is required to volunteer for the ACVIP?

Two years, however within the two years, the frequency will be 100% individualized to your interests, schedule and preference. VIP's also have the opportunity to partner and present as a team.

What type of training and support do VIPs receive?

Volunteers are required to attend two 1/2 day introductory ACVIP orientation workshops. Training includes: overview of the services and organizations which serve Aitkin County, the Rural Aging Initiative, the Aitkin County Health & Human Services Agency, The Community Health Services priorities, Volunteer Responsibilities and Rights and the Ten Essential Public Health Services. In addition, session development, presentational skills, office support, scheduling and VIP program reporting will be covered.

When is the 2015 orientation?

Monday, June 15th and Monday, June 22nd from 8 am until noon.

How do I apply to become a VIP

Complete the application form for consideration. Complete and pass the background check. Attend the mandatory orientation workshops.



ACVIP Application

Please complete the application form. Once you complete the form, check the "I agree" box, sign and date the form.

- 1. Any false or incomplete information may be grounds for not appointing you a volunteer assignment or ending your assignment after beginning volunteering.
- 2. You may be required to verify any or all of the information given on the application.
- 3. You are responsible for notifying Aitkin County of any changes to your contact information.

Please be advised that a background check will be performed as part of the application review process.

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ACVIP focus area/s you are interested in:	CHS* specific:				
Active LivingChronic DiseaseEating HabitsEmergency PreparednessGardening and local foodsHealthy Start for Children and AdolescentsMental Health and WellbeingNutritionObesityParenting-Family SystemsPhysical ActivitySenior Citizen HealthTribal Health & WellnessWICOther, Please list:	ACE training,-Adverse Childhood ExperiencesQPR training-Question, Persuade Refer, Suicide Prevention programTobacco prevention *The CHS is the Community Health Services which consists of Aitkin, Itasca and Koochiching Public Health Departments working together on CHIP. CHIP is the Community Health Improvement Plan which guides public health's work from 2015 to 2020. Specific initiatives are indentified and developed during this cycle.				
Name and Address Title [Mr., Ms, Dr.]First Name:	Last Name:				
Street 1:					
City: State: MN Zip:	Township:				
Phone:Email Address:					

Experience: Do you	ı ha	ve any	of the following	ng	sk	ills? (pla	ce a	an X in each box)	į		
Administrative Services		Computer Skills			C	Computer 1	Vetw	orking			
Clerical Work		Fire/Rescue			F	acility Ma	nagei	ment			
Crowd Manage./Flow		Interviewing			I	nventory S	uppl	ies 🔲			
Data Entry		Legal Services			L	odging Se	rvice	s			
Food Services		Managerial Services			C	Office Man	agen	nent			
Phone Receptionist		Nursing Home			C	ther (spec	ify)				
Supply Distribution		Traffic Control			T	'ransportat	ion				
Training/Continuing Education: Have you ever participated in any training or continuing education programs in the following areas? (place an x in each box)											
American Red Cross			Citizen Emergen	су Б	Les	ponse		CPR/AED			
Emergency/Disaster Resp	onse		FEMA					Law Enforcement/S	Security		
Hazardous Material Aware	Hazardous Material Awareness First Aid							Mass Casualty			
Mental Health			Incident Comma	nd S	Sys	tem		Pandemic			
Vaccination Administration Infection Control							Trauma				
What is your profess	ion	al occu	pation?								
Accountant		Family	Counselor			Physician	ı Ass	sistant			
Carpenter			ervice Professiona	al [Plumber					
Chiropractor		Lawyer				Psychologist					
Dentist		MDH I	Professional			Social Worker					
Doctor		Nurse				Soldier					
Educator		Pastor				Surgeon					
Electrician		Pharmacist				Therapist					
EMT [Physical Therapist				OTHER	:				
Authorized Signature & Acknow The above data are being collected and Human Services Director, Pub may refuse to provide these data. H as a volunteer, your application and pointed as volunteer, your application dress) may be provided to the public not be released to the public. By checking the box (below) you ce be requested to appear for a person application form, I acknowledge thi	in sup lic He loweven the don will on will oc, if ro ertify t	port of you: alth Supervi er, refusal to ata it contai l be kept sep equested. Al hat all of the rview shoul	sor and the ACVIP Directors of supply data may result in may become a part of parate from the County I other data on your appearance information provided the County desire as part of the county desired as	in dof the Boa plication to part of the pa	r, whenian Courd driven control of it	ho will make a il of your appl ounty Board de locumentation is considered application is a s screening an	ippoir ication ocume i, but privat true an	ntments to the Institute will a in for appointment to the Institution, which is public data the public data on your applite and will and complete Finally, you undertion process. By checking	review these dat titute. If you are a. If you are not cation (name and derstand that you	ta. You e chosen t ap- nd ad- ou may gning this	
Signature:							_	Date:			
Please return this form to:											
Amy M. Wyant											

Amy M. Wyant ACVIP Director 204 1st Street NW Aitkin, MN 56431