



### **Shared Expectations for ASAGA Advocates**

#### **What you(participant) should expect from your volunteer:**

- To be treated with dignity and in a respectful manner
- To listen to your situation
- Clear direction and to not answer questions they are unsure of
- ASAGA attempts to match you with the same volunteer if at all possible but may need to triage to a different volunteer based on availability or expertise
- The volunteer will not solicit you for their services

#### **What the volunteer should expect from you as the participant**

- Treat the volunteer with dignity and respect
- Understand not every issue can be alleviated or fixed
- The volunteer is providing information; not making decisions for you as guardian.
- Once your session is over, you will not contact the volunteer directly with additional questions. Your calls must come through the referral service of ASAGA.

#### **What ASAGA expects:**

- Volunteer and participant will treat each other with dignity and respect regardless of outcome of the session
- Volunteer and participant will contact ASAGA administrator with any issues
- Volunteer and participant will complete a short two minute survey at the end of their session
- We recognize that some circumstances may lead to the participant wanting to “hire” their volunteer to continue on in a role based on their expertise. While this is not forbidden, the volunteer may not solicit the participant to become a “client” of their services. Should the participant request this, the volunteer needs to contact the ASAGA Administrator and the Administrator will contact the participant to ensure this is a mutual arrangement. At that time, the ASAGA referral will be discharged and the participant and volunteer are free to negotiate on their own. ASAGA volunteers will NOT solicit participants for their services.



**Statement of Agreement:**

I, \_\_\_\_\_ Community Member \_\_\_\_\_, understand that I am being referred to an ASAGA Advocate for a volunteer consultation. The nature of the consultation is about \_\_\_\_\_ and will be approximately one hour. I understand that my volunteer is to provide information, guidance and support; not decisions and neither ASAGA nor the volunteer will be held liable for decisions made by the guardian. I understand that even with information from my volunteer, I need to corroborate this information with the entities I am working with such as, but not limited to Social Security or Medicaid. The information I receive may be limited to the information I provide.

I understand that once my session is over, I will not attempt to contact my volunteer; any further questions need to go through ASAGA for further triage.

I understand that by responding to the ASAGA Administrator, I have read and am in agreement with the Shared Expectations and Agreement Statement.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



Agreement received electronically – attach email

\_\_\_\_\_ Initials