



Community Involves Everyone

Risk Assessment Report

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July 2019

BACKGROUND

One of the fundamental roles of a board of directors is to protect the assets of their non-profit corporation. Many boards think that this only involves protecting the financial and capital assets. However, other assets that should also be protected include the reputation of the organization, its standing in the community, as well as the human assets that are needed to ensure that the mission and vision of the organization are fulfilled. Often-overlooked assets are the systems and procedures developed to ensure consistent, transparent and efficient operation. By protecting the full gamut of assets, boards will be fulfilling their key fiduciary responsibility.

One way in which a board can protect the organization's assets is to undertake a regular risk assessment. In the spring of 2019, the organization started this process by engaging a specialist in non-profit governance, consultant Liz Palmieri, to work with the organization to review programmatic, operations and governance risk and identify potential risk mitigants.

The review entailed meeting with the staff of CCWN, the Executive Director and a member of the Board of Directors. This report reflects the input from these meetings. The documents used to assess the risk included the following:

- Definition of the various types of risk
- Governance Partners Program Governance Standards Worksheet (adapted from Imagine Canada's Standards Program)
- Significant Risk Identification and Assessment Checklist
- Program Risk Assessment Summary

Throughout this report, there are recommended risk mitigants which suggestions on next steps that CCWN can undertake to mitigate the identified risks.

TYPES OF RISK

The following definition of the various types of risks follow will assist the board in bringing the recommendations into context.

Legislative or Compliance Risk

Risk of fines and other penalties for failure to comply with federal, provincial, or municipal acts and regulations.

Financial Risk

The risk of fraud, financial failure, or decisions made on inadequate or inaccurate information.

Governance Risk

The risk of ineffective oversight and poor decision-making.

Strategic and Opportunity Risk

The risk of inappropriate or unrealistic programs and initiatives. The risk involved in not taking advantage of new opportunities and the failure to keep the organization strong and relevant.

Program or Operational Risk

The risk of poor service delivery, day-to-day crises, and misuse or neglect of human capital (eg. staff, volunteers, clients, donors), property and other resources.

Reputation Risk

The risk of losing goodwill status in the community which impacts the ability to raise funds and attract prospective volunteers. (i.e. protecting your brand)

Information Technology Risk

The risk that the information technologies used in the organization may not be secure and provide dependable service and accurate information that is available when needed.

Climate Change Risk

Risk resulting from climate change and affecting natural and human systems and regions.

GOVERNANCE RISK ASSESSMENT

The Governance Partners Program Governance Standards groups governance into five key themes, including:

- Board governance
 - Board Leadership
 - Board Oversight
 - Governance Policies & Processes
- Financial Accountability and Transparency
 - Financial Accountability
 - Transparency
- Fundraising
 - Donor Relations
 - Fundraising Practices
- Staff Management
 - Policies and Other Documentation
 - Recruitment, Orientation and Training
- Volunteer Involvement

These standards were developed by Imagine Canada, a national organization that exists to work alongside other charitable sector organizations – and often in partnership with the private sector, governments and individuals in the community – to ensure that charities continue to play a pivotal role in building, enriching and defining the nation. They offer programs and provide resources that help strengthen charities and their operations, so they can, in turn, support the communities they serve.

Imagine Canada's Standards Program was launched in 2012 with a mission of building excellence within Canada's nonprofit sector through common standards of practice, which mitigate risk, and to strengthen confidence in the sector. The 61 standards can be found in Appendix A to this report. The following 11 standards have been identified as ones where CCWN is currently working on, or should be working towards, achieving. The upcoming strategic planning process could be the mechanism that prioritizes those standards requiring additional work.

Standard #	Standard	CCWN Status	Priority
A6	The organization has a process to identify its major strategic and operational risks and a plan to minimize and mitigate these risks. The plan is reviewed annually by the board.	Working on operational risks and exploring governance risks	High
A8	The board or a board committee oversees the organization's compliance with its own governing documents (e.g., letters patent, by-laws) and all applicable federal, provincial and municipal laws and regulations.	We need help	Medium
A10	The organization has conflict of interest policies for board, staff, and volunteers that provide for disclosure, review and decision on actual or perceived conflicts of interest.	We need help - especially around relationships with other funders and employees	Medium
A11	The organization has a privacy policy that is posted in a readily accessible location on its website.	We have policy but need to check if posted and incorporated in agency wide documents	Medium
A17	A process is in place to ensure orientation of new board members. Board members must understand their legal and fiduciary responsibilities, exercise due diligence consistent with their duty of care, be familiar with the organization's activities and fully informed of the financial status of the organization.	Consider industry standards and CCWN goals for organizational culture with a recommendation to revise nomination committee composition to include CCWN ED as a non-voting member of this committee	Medium
A19	The board has a process to annually review plans for succession to the positions of board chair and committee chairs.	Needs to be a more formalized process	Medium
B3	The organization's financial statements must be received and approved by the board and released within 6 months of year end.	OK but check to see that access to F/S is on the website; look at having a link to CRA charities website	Medium
D7	All employees have a work plan or performance objectives that identify their tasks/activities and the expected result.	We could do better - strategic plan will set the framework for this	High
E1	The organization has policies and procedures in place that define and support the involvement of volunteers.	OK - currently under review and may need to be consolidated into one agency P&P document	High
E2.	The organization has at least one individual who is responsible for volunteer involvement.	Shared responsibility - there may be opportunities for growth	Medium
E5	Volunteers are provided with appropriate orientation to the organization and its policies and practices and receive training appropriate to their roles and needs.	We could do better with onboarding new staff team members with respect to the role and resp. of the volunteers	High

SIGNIFICANT RISK IDENTIFICATION AND ASSESSMENT CHECKLIST

Once the organization has developed policies and practices that meet the above standards, an annual program of risk assessment can be undertaken by a committee of the Board in partnership with the Executive Director. The Checklist used in this section of the report was developed by the Finance Committee of the Niagara Community Foundation at the time when Mary Turner from Canadian Tire Financial Services was a member of the Foundation's Board of Directors. Risk management was a key component of Ms. Turner's responsibilities.

The Foundation annually reviewed the risk mitigants in place at the Foundation and whether there were any identified weak areas that needed to be addressed. This checklist was reviewed as part of the CCWN Risk Assessment process. It is recommended that the checklist be reviewed annually by a committee of the Board in partnership with the Executive Director. The following represents the results of this review.

Risk Exposure	Risk Category	Mitigants to manage risk		Quality of Risk Management (W – weak; A – adequate)	Operating Effectively (Y, N)
		Board responsibility	Staff Responsibility		
Legislative & Legal	Financial Reputation	1.Bylaws regularly reviewed 1a. Bylaw changes approved by board 2.Human Resource Policy 3.Policy sign-off and review 4.External auditor review 5.Ensure no ineligible directors 6.Ensuring T3010 filed 7.Ensuring payroll remittances are current	1.Reporting and receipting practices 2.T3010 filing 3. ONCA filings and Public Trustees filing done 4.Communication with CRA 5. Remittance of payroll tax and GST 6.Workplace safety inspections 7.Monitoring changes in law 8.Staff training and orientation program 9.Minutes kept of all meetings 10.Manage and monitor human resources within policy 11.Ensure directors complete Directors' Eligibility Questionnaire annually	All are adequate except: B3. Board policies need to have exact date when policy was approved or amended S11. Need to have access to Director's Eligibility Questionnaire and see if applicable with ONCA S3. Check on what's required	All are operating effectively, except the ones identified on the left

Risk Exposure	Risk Category	Mitigants to manage risk		Quality of Risk Management (W – weak; A – adequate)	Operating Effectively (Y, N)
		Board responsibility	Staff Responsibility		
Fiscal Performance and Financial Reporting	Financial Reputation Operational	1. Annual financial audits 2. Review annual management letter 3. Finance Committee oversight 4. Investment Committee liaison 5. Finance Policies 6. Ensure adequate insurance coverage	1. Annual budget and operational plan 2. Preparation of monthly financial statements 3. Preparation of annual report 4. Annual review of insurance coverage 5. Operating procedures documented	All are adequate except: B5. Financial Policies need to be reviewed and incorporated into current policy document S3. Review form and function of annual report	All are operating effectively, except the ones identified on the left
Management of Volunteers	Reputation Operational Financial	1. Terms of reference 2. Board orientation 3. HR policies for volunteers	1. Screening process 2. Reviewing terms of reference on regular basis 3. Reference checks 4. Sign-off on relevant policies	All are adequate except: B3. Look at harmonizing HR policies across the organization S4. Review processes relating to volunteer's knowledge and sign-off on policies	All are operating effectively, except the ones identified on the left
Donor Stewardship	Reputational Strategic Financial	1. Donor Rights Policy 2. Privacy Policy 3. Donor Recognition Policy	1. Appropriate policy implementation	All are adequate except: B3. Testing and under review	All are operating effectively, except the ones identified on the left
Strategic & Economic Risk	Operational Financial Reputational Strategic	1. Strategic Plan Development 2. Monitoring and evaluation of strategic plan 3. Monitoring investment policy 4. Monitoring community & economic trends 5. ED Succession Plan	1. Business plan preparation and implementation 2. Monthly investment reports 3. Background research on community and relevant economic trends 4. Staff job descriptions and related operating procedures 5. Knowledge transfer and training programs designed and implemented	All are adequate except: B1. In progress B2. In progress B4. Board process should be developed B5. ED Succession Plan should be reviewed and documented S1. Being developed S4. Review staff job descriptions in relationship to new strategic plan	All are operating effectively, except the ones identified on the left

Risk Exposure	Risk Category	Mitigants to manage risk		Quality of Risk Management (W – weak; A – adequate)	Operating Effectively (Y, N)
		Board responsibility	Staff Responsibility		
Information Technology	Operational Financial Reputational Strategic	1. Disaster Recovery Policy 2. Human Resource Policy (refers to IT usage) 3. Records Retention Policy	1. Appropriate policy implementation 2. Records are backed up and key documents are scanned and stored off-site 3. Testing backup on a regular basis 4. Monitoring HR IT policy 5. Disaster recovery plan reviewed annually	All are adequate except: B1. Disaster Recovery Policy should be developed B3. Should be reviewed S3. Connect with IT specialist to review backup procedures and recommendations for changes	All are operating effectively, except the ones identified on the left

PROGRAM RISK ASSESSMENT

The consultant hosted a meeting with all staff, except the Executive Director, to discuss their perceptions of program risk. Prior to the meeting they were given the opportunity to prepare their own assessment of their perceptions of program risk. Staff were given the following background:

In order to make risk assessments, we must recognize hazards and risks. A **hazard** is defined as anything that has the potential to cause harm. A hazard may be a substance, a piece of equipment, an interaction with a client or a work procedure. Some examples of hazards are: interaction with clients, a work procedure, or a piece of equipment. On the Program Risk Assessment Worksheet:

1. Make a list of the possible hazards you might find in your workplace.
2. Determine the likelihood that this risk/hazard would occur and score accordingly: 1 (remote), 2 (unlikely), 3 (possible), 4 (probable), 5 (highly probable)
3. Determine the impact of this risk and score accordingly: 1 (insignificant), 2 (minor), 3 (moderate), 4 (major), 5 (catastrophic)
4. Identify what actions can be implemented to reduce or eliminate this risk.

At the meeting staff shared the risks that they had identified and together suggested potential risk mitigants. The risks are ranked in order of potential severity, which is determined by taking the score for likelihood multiplied by the score for impact. It is recommended that the risks which staff identified be reviewed by the appropriate Board committee (eg. Building) or the Executive Director and to implement, where warranted, appropriate risk mitigants that can be done within the next 6-12 months and what needs a longer time frame to mitigate.

The following is a summary of the programmatic risks identified by the staff. It should be noted that the meeting with the staff took place at the end of March and some of the suggested actions have already been implemented. To ensure transparency, all Hazard/Risks identified by staff have been listed below. However, it should be noted that Hazard/Risks # 24-28 had minimal discussion by the staff and are included in this report as they had been identified on one of the staff member's Program Risk Assessment document as a risk/hazard but either the likelihood, impact and thus the severity were not determined.

	Hazard/Risk	Likelihood (1-5)	Impact (1-5)	Severity of risk (multiply #s in two columns)	Suggested action(s) to reduce or eliminate risk	What can be done within the next 6-12 months	What needs a longer time frame to mitigate?
1	Overhang on front of building; it's rotted, has moss; water can't drain; ice buildup; it's a matter of time in case something happens	4	5	20	Have assessment done as to stability and act accordingly (assessment has been completed)		
2	Fire escape route not secure; No fire escape from 2 nd floor; only one window opens from the 2 nd floor	5	4	20	Ensure fire escape plan developed; Have a safety zone outside; new building plans – do they have a 2 nd floor fire escape	Staff need to know fire escape procedures; need proper fire escape	
3	Air circulating in front area is limited; No air	5	4	20	Install window air conditioning units		

	Hazard/Risk	Likelihood (1-5)	Impact (1-5)	Severity of risk (multiply #s in two columns)	Suggested action(s) to reduce or eliminate risk	What can be done within the next 6-12 months	What needs a longer time frame to mitigate?
	circulation; poor air circulation throughout building; poor air quality; Facility is very cold necessitates installing electric heater; building temperature too cold;				where possible; look at replacing windows; look at improving insulation; undertake a formal air quality assessment to identify and cost improvements; better ventilation in the food room and front reception area (to deal with client odours); can there be a window in the door		
4	Very difficult to open the 2 fire doors	4	5	20	Replace doors		
5	Ramp coming into the front door – there is a step going down – trip hazard	4	4	16	Yellow hazard strips right inside the entrance; Marking on floor/keep mat away from ramp/smooth the ramp		
6	Accessibility for clients with limited mobility or challenges to mobility - entrance, reception, food room	4	4	16	Improve accessibility – especially the main entrance; move food room into area where attire shop was located; push button at the bottom of the ramp		
7	Stress on employees, especially when staff are away or have inconsistent attendance	5	3	15	Acknowledging and recognizing support from volunteers and ED; Consider holiday relief, benefits and vacation changes to maintain resilience of CCWN employees		
8	Environmental – cold floor in winter, very cold	5	3	15	Repair; insulate; fix walls, crates		Cost benefit on major renovations or move to new facility
9	Slip and fall risk with respect to entering the walk-in freezer; ice is forming due to freezer not sealed tightly; 3 different types of surfaces	4	3	12	Repair seal; may mitigate slipping when walking from one type of flooring to the next		
10	Bottle plant (?); Employee many times working alone; volunteers could trip in the potholes	3	4	12	No longer an issue as CCWN has relocated to another facility		
11	Bolts sticking up from floor in bottle plant	3	4	12	No longer an issue as CCWN has relocated to another facility		
12	Cars on property that do not belong to	3	4	12	No longer an issue as CCWN has		

	Hazard/Risk	Likelihood (1-5)	Impact (1-5)	Severity of risk (multiply #s in two columns)	Suggested action(s) to reduce or eliminate risk	What can be done within the next 6-12 months	What needs a longer time frame to mitigate?
	CCWN personnel or visitors at bottle plant				relocated to another facility		
13	Boisterous people engaging in horseplay	3	4	12	One client and one volunteer at a time in the food room	Remind clients of the food room rules/protocol; PD for volunteers on dealing with clients; establish protocol on how to deal with boisterous clients	
14	Front door is not automatic (difficult for people using mobility devices)	3	4	12	Install automated door opener		
15	Commercial vehicle	3	4	12	Install back-up alarm (on order); put in a fire extinguisher (done) and small first aid kit (in progress)		
16	Carpet not clean, very smelly – has mold in it	4	3	12	Clean – can it be replaced?	Establish regular cleaning program	
17	Inappropriate Footwear (?)	3	4	12	Insist that people who work in food bank wear appropriate shoes		
18	Lighting inconsistent; poor lighting (2); Florescent light fixtures	3	3	9	Install window shade(s); Shatterproof tube covers and covers for fluorescent lights; Being addressed now		
19	To many people in the food room at one time (eg. small children wedging themselves into tight spaces)	3	3	9	Ideally there should be one client and one volunteer at a time in the food room; look at creating a small play area for children		
20	Too many cans in one crate	3	3	9	Make it a policy that only a single layer at a time; Less cans in a crate; understand restrictions on volunteers; safety training relating to lifting		
21	Volunteers not all aware of health and safety issues	2	4	8	Develop a Health & Safety Plan for volunteers; Look at updating the volunteer policy/handbook and allowing time to update policy document		
22	Potholes in driveway	2	3	6	No longer an issue as CCWN has		

	Hazard/Risk	Likelihood (1-5)	Impact (1-5)	Severity of risk (multiply #s in two columns)	Suggested action(s) to reduce or eliminate risk	What can be done within the next 6-12 months	What needs a longer time frame to mitigate?
					relocated to another facility		
23	Out of control customers; Exposure to violent behaviour; Being alone with angry clients; risk of being trapped in office with violent client and no secondary escape	1	4	4	Develop an Emergency Plan; Close front door at 3:30; Provide office with 2 exits; air horn under the desk; having a doorbell/intercom for after hours (after 3:30) access	Look at CPI training on how to deal with angry clients; provide office with 2 nd exit; can smaller desk be purchased so that employee has 1 st access to exit	
24	Some clients have contagious illnesses/ some clients are very smelly	3			Goes back to the air circulation issue; ensure clients are aware of risk of being contagious; speak to Public Health		
25	Silverfish bugs				Ask Pest Control company best way to deal with this problem	Pest Control Program	
26	No escape route (don't know if this refers to situation with angry clients or fire escape)						
27	Upstairs/downstairs (staff alone)				Ensure that when only one staff in the building that the doors are locked; have phones transferred; cell phone forwarded; if emergency have an emergency		
28	Check emergency exit lights/alarms are working				Health and Safety protocols to be established		

APPENDIX A: Governance Partners Program Standards

Section A: Board Governance

Board Leadership

- A1. The organization has a mission statement that is approved and revisited by the board at least every five years to assess its continuing relevance.
- A2. The board ensures a strategic plan is in place.

Board Oversight

- A3. The board is accountable for the recruitment and orientation of the most senior staff person in the organization.
- A4. The most senior staff person reports to the board of directors and has a written job description or terms of reference.
- A5. The total compensation package of the most senior staff person is approved by the board of directors or a board committee **and** expenses are reviewed at least annually by a member(s) of the board.
- A6. The organization has a process to identify its major strategic and operational risks **and** a plan to minimize and mitigate these risks. The plan is reviewed annually by the board.
- A7. The organization has a process to review its insurance coverages. A summary report is reviewed annually by the board.
- A8. The board or a board committee oversees the organization's compliance with its own governing documents (e.g., letters patent, by-laws) and all applicable federal, provincial and municipal laws and regulations.

Governance Policies & Processes

- A9. The organization identifies its stakeholders **and** ensures there is a strategy for regular and effective communication **and** consultation with them about the organization's achievements and work.
- A10. The organization has conflict of interest policies for **board, staff, and volunteers** that provide for **disclosure, review and decision** on actual or perceived conflicts of interest.
- A11. The organization has a privacy policy that is posted in a readily accessible location on its website.
- A12. The organization responds promptly to complaints by external stakeholders. The organization informs the board at least annually of the number, type and disposition of complaints received.
- A13. The board holds a sufficient number of meetings annually to ensure appropriate direction and oversight of the organization's activities. At minimum, the board should hold two meetings per
- A14. The board has written terms of reference.
- A15. The board is comprised of no less than 3 (but preferably 5 or more) directors, a majority of whom must be at arm's length to each other, to the most senior staff person and/or other management staff. **No employee may be a director.**
- A16. No member of the board is entitled to receive, either directly or indirectly, any salary, wages, fees, commissions or other amount for services rendered to the organization in their capacity as a director.
- A17. A process is in place to ensure orientation of new board members. Board members must understand their legal and fiduciary responsibilities, exercise due diligence consistent with their duty of care, be familiar with the organization's activities and fully informed of the financial status of the organization.
- A18. Proper minutes of board meetings and record of policies are kept.
- A19. The board has a process to annually review plans for succession to the positions of board chair **and** committee chairs.

Section B: Financial Accountability & Transparency

Financial Accountability

- B1.** Organizations must complete annual financial statements in accordance with acceptable auditing or review standards.
- B2.** Organizations with over \$500,000 in annual expenditures must have their financial statements audited or reviewed by a qualified auditor. Registered Charities with total operating
- B3.** The organization's financial statements must be received and approved by the board **and** released within 6 months of year end.
- B4.** **CHARITIES:** The board has a process to ensure that a Performance Report (Tiers 3 and 4) or Financial Statements (Tiers 1 and 2) are prepared and comply with the reporting standards of the Charities Act (2005) and that an accurate Charity Annual Return is filed with the Charities Commission within six months of year-end, as required by law.
- B5.** The board approves the annual operating budget **and** has a process to monitor the organization's performance in relation to the annual budget. The board or a board committee reviews actual revenues and expenses versus budget at least twice a year.
- B6.** The board or a board committee receives from management, at least twice a year, assurance that all statutory remittances have been made.
- B7.** The board regularly reviews the cost-effectiveness of the organization's fundraising activities. No more will be spent on administration and fundraising than is required to ensure effective management and resource development.
- B8.** Organizations with investable assets over \$100,000 must have an investment policy setting out asset allocation, procedures for investments, and asset protection issues.
- B9.** When the organization collects money (donations or sales) online its practices should be consistent with the provision's applicable legislation

Transparency

- B10.** The organization's financial statements are publicly available.
- B11.** The organization makes information on compensation accessible to its stakeholders to at least the same level as that required by CRA in the T3010.
- B12.** The organization discloses on its website details of the purpose and amount of any payments for products or services to board members or companies in which a board member is an owner, partner or senior manager.
- B13.** The organization accurately discloses all costs associated with its fundraising activities.

Section C: Fundraising

Donor Relations

- C1.** The organization honours donors' and prospective donors' requests to:
- C2.** The organization does not sell its donor list. If it rents, exchanges or otherwise shares its donor list, it must abide by the Canadian Marketing Association Code of Ethics and Standards of Practice and honour donors' requests to be excluded from such lists.
- C3.** Donors' requests to remain anonymous are honoured.
- C4.** The organization encourages donors to seek independent advice if the proposed gift is a Planned Gift and/or the organization has any reason to believe the proposed gift might significantly affect the donor's financial position, taxable income, or relationship with other family members.
- C5.** **CHARITIES:** The organization prepares and issues Official Income Tax receipts for monetary gifts and gifts-in-kind in compliance with all regulatory requirements.

Fundraising Practices

- C6.** All fundraising activities conducted by or on behalf of the organization must:
- be truthful,
 - accurately describe the organization's activities,
 - disclose the organization's name,

	<ul style="list-style-type: none"> disclose the purpose for which funds are requested, disclose the organization's policy with respect to issuing Official Income Tax receipts including any policy on minimum amounts for which a receipt will be issued; and, disclose, upon request, whether the individual or entity seeking donations is a volunteer, employee or contracted third party.
C7.	The organization does not make claims that cannot be upheld or are misleading.
C8.	The organization does not exploit its beneficiaries. It is sensitive in describing those it serves (whether using graphics, images or text) and fairly represent their needs and how these needs will be addressed.
C9.	Any fundraising materials distributed by or on behalf of the organization must include its address or other contact information.
C10.	The organization does not, directly or indirectly, pay finder's fees, commissions or percentage compensation based on contributions.
C11.	Anyone seeking or receiving funds, on behalf of the organization, whether a volunteer, employee or contracted third party must:
C12.	The organization has appropriate fundraising policies (e.g., a gift acceptance policy, a policy on the treatment of restricted or designated gifts, and naming and endowment policies). The relevance and appropriateness of these policies are reviewed every three years by the board.
C13.	Organizations that conduct face-to-face fundraising (e.g., door-to-door campaigns, street-side fundraising, workplace campaigns) must: <ul style="list-style-type: none"> provide verification of the affiliation of the person representing the organization; and, secure and safeguard any confidential information, including credit card information, provided by donors.
C14.	Where the organization has formally entered into a cause-related marketing agreement with a third-party, it must disclose in all related materials it produces how the organization benefits from the sale of products or services and the minimum or maximum amounts payable under the arrangement. If no minimum amount is payable, the organization should disclose this.

Section D: Staff Management

Policies & Other Documentation

D1.	The organization has written HR management policies that comply, at minimum, with employment, health and safety and other applicable legislation.
D2.	HR management policies are accessible to employees.
D3.	HR management policies are reviewed at least every two years and revised, if necessary.

Recruitment, Orientation & Training

D4.	Employees are recruited and selected through an objective, consistent process that complies, at minimum, with human rights legislation.
D5.	All individuals external to the organization who are offered a position are given a letter of employment that outlines the terms of employment.
D6.	All employees who are new to the organization or their position are provided with appropriate orientation and training.

Performance Management & Staff Development

D7.	All employees have a work plan or performance objectives that identify their tasks/activities and the expected result.
D8.	The performance of each employee is assessed at least annually.

Section E: Volunteer Involvement

E1.	The organization has policies and procedures in place that define and support the involvement of volunteers.
E2.	The organization has at least one individual who is responsible for volunteer involvement.
E3.	Volunteer assignments relate to the mission or purpose of the organization and involve volunteers in meaningful ways that reflect their abilities, needs, and backgrounds.
E4.	The organization has appropriate screening processes for volunteers.
E5.	Volunteers are provided with appropriate orientation to the organization and its policies and practices, and receive training appropriate to their roles and needs.

E6. All volunteers are given regular opportunities to offer **and** receive feedback. Volunteers who are engaged in delivering programs or services receive a level of supervision appropriate to their role.

E7. The contributions of volunteers are acknowledged **and** recognized.

