

Community for All: The Therapeutic Recreation Practitioner's Role in Inclusive Volunteering

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Participation in volunteerism has great potential in helping individuals reach their desired goals such as improved self-esteem, sense of purpose, social connectedness, happiness, quality of life, and community inclusion. A rationale for the facilitation of inclusive volunteering is discussed, including the current status of volunteering, the multitude of benefits that can be reaped from volunteerism, and a synopsis of the literature on individuals with disabilities as volunteers. Additionally, we review the vital role that therapeutic recreation practitioners could play in assisting individuals with disabilities to incorporate volunteering into their leisure repertoires.

KEY WORDS: *Community, Disability, Inclusion, Therapeutic Recreation Practitioner, Volunteerism*

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Volunteerism as a recreational activity for individuals with disabilities has gone virtually unexplored. Historically, the focus has been on recruiting volunteers without disabilities to assist in services that support individuals with disabilities rather than the valuable volunteer roles that these individuals could play themselves. Through volunteer activities, individuals with disabilities could help their communities and improve their quality of life and the quality of life of others.

Volunteering is a freely chosen activity that is intrinsically motivating and is performed during one's free time (Cnaan, Handy, & Wadsworth, 1996). Most volunteers do so as a form of recreation. Clary and Snyder (1999) found that expressing one's personal values, developing a better understanding of oneself, and personal enhancement were the most common motivators for volunteering. Volunteering one's time increases self-esteem, level of happiness, life satisfaction, sense of mastery, and physical health, as well as decreases depression (Thoits & Hewitt, 2001).

If we enjoy volunteering in our free time, as millions of Americans do (Independent Sector, 2002), why as therapeutic recreation practitioners are more of us not supporting and facilitating volunteerism for those we work with in the same manner as we do arts and crafts, sports, and outdoor recreation activities? Based on the important role that volunteerism could play in the quality of life and community inclusion of individuals with disabilities, therapeutic recreation practitioners should consider their role in ensuring that volunteer opportunities exist for people with disabilities.

Purpose

The purpose of this article is to review the vital roles that therapeutic recreation practitioners could play in assisting individuals with disabilities to incorporate volunteering into their leisure repertoires. This paper reviews the status of volunteerism in the United States, the literature related to the multitude of benefits

that can be reaped from volunteering, and a synopsis of the (limited) literature on individuals with disabilities as volunteers. It also describes a successfully piloted model for inclusive volunteering and presents three implementation examples. For the purpose of this article, inclusive volunteering is defined as individuals with and without disabilities volunteering cooperatively to improve their communities.

Literature Review

Volunteering as Recreation/Leisure

Arguments have been presented for the qualification of volunteer activity as leisure (Henderson, 1981) and/or serious leisure (Parker, 1992; Stebbins, 1996). These arguments are based on the parallel nature of the motivations and benefits associated with both volunteering and leisure. Just as recreational activities are typically intrinsically motivated, so too is volunteering. While altruism is a factor in motivating individuals to volunteer, more common motivations include expressing one's personal values, developing a better understanding of oneself, and personal enhancement (Clary & Snyder, 1999). The benefits to participating in volunteering are similar to those of recreation, including improved health, self-concept, and socialization.

Henderson (1981) stated, "Volunteerism has a double value for leisure service agencies. Not only can recreation and leisure programs be supplemented and enhanced by the use of volunteers, but the act of volunteering can be a programmed leisure activity for the volunteer" (pp. 208-209). Henderson and Silverberg (2002) argued that the recreation profession would benefit by facilitating volunteer opportunities in a manner that met the leisure needs of volunteers, which in turn would have a positive impact on the development of social capital. Putnam (2000) defines social capital as the connections among individuals, or "social networks and the norms of reciprocity and trustworthiness that arise from them" (p. 19). And the importance of social capital, accord-

ing to Putnam (2000), is that there is "hard evidence that our schools and neighborhoods don't work so well when community bonds slacken, that our economy, our democracy, and even our health and happiness depend on adequate stocks of social capital" (p. 28).

Status of Volunteering in the U.S.

In the United States, 30 to 44% of the adult population volunteers each year (Bureau of Labor Statistics, 2002; Independent Sector, 2002). That is to say between 59 and 84 million adults volunteer annually. In 2001, these volunteers contributed 15.5 billion hours of service (Independent Sector, 2002). Despite these figures, nonprofit and public agencies are in need of more volunteers with the "growing concern about how to provide social services in a time of government retrenchment" (Wilson, 2000, p. 233).

Little is known about the prevalence of volunteers with disabilities among these ranks. Miller, Schleien, and Bedini (2003) revealed that only 5.7% of all volunteers in the U.S. had an identified disability, and only 1.1% had a developmental disability. A similar percentage was noted in the United Kingdom (CSV's Retired and Senior Volunteer Programme, 2000). Considering that approximately 19% of the population has a disability, including 3% with developmental disabilities (Kraus, Stoddard, & Gilmartin, 1996), a disparity between the number of people with disabilities currently volunteering and the potential number of volunteers signifies a rich opportunity to involve more citizens in this vital community process.

Benefits of Volunteering

Following an extensive literature review, Wilson and Musick (2000) concluded that there is "little doubt that there are individual benefits to be derived from doing volunteer work that reach far beyond the volunteer act itself and may linger long after the volunteer role is relinquished" (p. 167). They concluded that volunteering has positive effects on life-

satisfaction, self-esteem, self-rated health, functional ability, and mortality. The categories of physical health, mental health, and antisocial behavior will be used as organizers to present what is known about the benefits of volunteering.

Physical health benefits. Recent studies provide clear indications of physical health benefits associated with volunteering. "Because they all use longitudinal data—and some use mortality as the outcome variable—they permit the conclusion that volunteering is causing good health, rather than that healthy people are volunteering more" (Wilson & Musick, 2000, p. 150).

Moen, Dempster-McClain, and Williams (1992) used panel data from a sample of 313 women who were wives and mothers in 1956, and were interviewed both in 1956 and 30 years later, to consider the pathways that lead to health and social integration. Participation in volunteer work on an intermittent basis was positively related to functional ability. Functional ability was measured using Rosow and Breslau's (1966) scale to measure "functional health" that included items on whether the respondent could: go out to a movie, to church or a meeting, or to visit friends; walk up and down stairs; walk half a mile; or do heavy work around the house.

Using two waves of nationally representative panel data from the *Americans' Changing Lives* survey, Thoits and Hewitt (2001) studied the relationship between volunteer work in the community and six aspects of personal well-being: happiness, life-satisfaction, self-esteem, sense of control over life, physical health, and depression. Results indicated that volunteer work enhanced all six aspects of well-being. "These effects of volunteerism hold even after individuals' participation in other voluntary groups [i.e., religious and secular community participation] and their prior levels of personal well-being have been controlled" (p. 126).

Oman, Thoresen, and McMahon (1999) examined volunteerism and mortality in community-dwelling elderly to determine if volunteering to help others predicted lower mortal-

ity. Those who volunteered for two or more organizations had 63% lower mortality than nonvolunteers (age and sex adjusted). Lower mortality rates were only explained in part by health habits, physical functioning, religious attendance, and social support.

Musick, Herzog, and House (1999) mirrored these results using data from *American's Changing Lives* survey, a nationally representative sample. Using a subset of the data to focus on those 65 or older, they found that volunteering had a protective effect on mortality among those who volunteered. Using the full data set from the *Americans' Changing Lives*, Van Willigen (2000) found that older volunteers experienced greater positive changes in their perceived health and life-satisfaction over time as a result of their volunteer hours than did younger adult volunteers, especially at high rates of volunteering.

Mental health benefits. Due to the nature of volunteering, highly controlled experimental research on the psychological and mental health outcomes of volunteering has been difficult to conduct (Wilson, 2000). The research that has been done has been largely confined to older adults and adolescents. However, promising findings are available, with research indicating relationships between volunteering and increases in self-esteem, life-satisfaction, self-knowledge, personal growth and efficacy, and self-acceptance and decreases in alienation and depression (Middleton & Kelly, 1996; Moore & Allen, 1996; Primavera, 1999; Van Willigen, 2000; Wheeler, Gorey, & Greenblatt, 1998).

Middleton and Kelly (1996) sought to determine the effects of participation in community service activities on the personality development of high school students. Participants were adolescents attending a Catholic High School. The treatment group participants were enrolled in a community service class that completed 30 to 40 hours of community service that involved interpersonal contact. A speech class without any community service served as a control group. Pre- and post-participation subjects completed several scales

addressing various competencies (e.g., self-esteem) and responded to an open-ended question. Quantitative analyses yielded limited evidence of positive change (no differences between the treatment and control groups on seven of the nine measures), but qualitative analyses indicated that community service produced strong positive effects on participants including increased empathy and self-esteem. Moore and Allen's (1996) review of literature on volunteering and adolescents suggested that community service was related to less alienation, increases in self-acceptance, and likelihood of taking responsible action.

Wheeler et al. (1998) conducted a meta-analysis of 37 studies on the effects of volunteering on older adults. A significant positive relationship between volunteering and life-satisfaction was found, even after adjustments were made for socioeconomic status and physical health. Similarly, Thoits and Hewitt (2001) and Van Willigen (2000) noted positive relations between volunteering and life-satisfaction, happiness, and self-esteem, along with decreases in depression.

Antisocial behavior. Sociological research tends to support antidotal notions that volunteering can help to keep children out of trouble (Wilson, 2000). An extensive literature review by Moore and Allen (1996) led them to believe that "there is good evidence that volunteering, along with school-based support, relates to a reduction in teen pregnancy, course failure, suspension from school, school dropout, and an improvement in reading grades and self-concept" (p. 242). Kirby (2001) reviewed literature on interventions that reduced teen pregnancy rates and concluded that programs involving community service demonstrated the strongest evidence of reducing actual teen pregnancy rates.

Eccels and Barber (1999) analyzed the Michigan Study of Adolescent Life data set which followed adolescents who were in sixth grade at baseline for 14 years. They discovered that prosocial activities, such as volunteering, were linked to positive educational trajectories and low rates of involvement in risky behav-

iors such as drinking, taking drugs, or skipping school.

From a prosocial perspective, volunteering leads to a better understanding of others. Primavera (1999) noted that volunteerism lead to a greater appreciation for diversity and decreased negative stereotypes. Similarly, Giles and Eyler (1994) found that undergraduate students who participated in volunteer service developed more positive perceptions of the people they served and decreased stereotypical thinking.

Benefits of Volunteering for Individuals with Disabilities

Research conducted on the benefits of volunteerism specific to people with disabilities is limited to anecdotal accounts, case studies, and interviews (Brill, 1994; Miller, Schlein, Rider, Hall, Roche, & Worsley, 2002; Miller, Schlein, Kraft, Bodo-Lehman, Fisoli, & Strack, 2004; Roker, Payer, & Coleman, 1998).

Brill (1994) surveyed 13 special education teachers regarding the impact of service involvement on their students. Teachers reflected on the involvement of 315 adolescent students with disabilities (i.e., mild to profound) who had not volunteered previously. Teachers reported overwhelmingly the positive changes in student socialization. A large majority of teachers reported positive behavior changes (i.e., increased appropriate behavior, decreased disruptive behavior) at the volunteer sites. Many of the students generalized these positive changes to the classroom and demonstrated improved academic performance. Teachers of students with more significant disabilities noted improved functional skills, including time on task, comfort level in new situations, improved hygiene, and improved handling of trays, wheelchairs, and walkers. All 13 teachers noted changes in their students' attitudes, including increased verbalization and facial expressions, anticipation of service projects, and more positive attitudes about the service recipients (i.e., older adults).

In the United Kingdom, Roker et al. (1998) interviewed adolescent volunteers with disabilities and project workers that either engaged these youth volunteers or helped to find them volunteer opportunities. Positive outcomes reported for young volunteers with disabilities included increases in self-confidence, greater sense of agency (i.e., the ability to act upon and influence the world), improved social skills, increased social networks, and development of practical and work skills.

Miller et al. (2002) identified several positive outcomes for adolescent volunteers with disabilities using field observation notes and focus groups with both special education teachers and the students with disabilities. Students with moderate to severe intellectual disabilities participated in a volunteer program alongside university students to build a trail in a local park. Outcomes included increased enjoyment, and involvement and eagerness to participate, decreases in self-stimulatory behaviors, increased sense of purpose, increased verbal communication and social interaction, social relationship development with nondisabled peers, increased sense of empowerment, and the acquisition of outdoor work skills.

In another study by Miller and colleagues (Miller et al., 2004) the benefits for youth with and without disabilities who participated in an inclusive youth volunteer program were examined. The program included team-building activities, information on volunteering (i.e., benefits of volunteering, its importance to the community, how to become involved in volunteer activities), and volunteer activities. Interviews conducted with the caregivers of the youth with disabilities found perceived positive outcomes specifically for the volunteers with disabilities, including increased social interactions, increased belief in self, and increased sense of responsibility.

Given the potential breadth and veracity of these benefits, volunteerism by people with disabilities could significantly impact their levels of independence, functioning, physical and mental health, employability, positive use of free time, and overall quality of life.

Role of the Therapeutic Recreation Practitioner

Therapeutic recreation practitioners are in the unique position to make a substantial impact on inclusive volunteering. As best practices in the field, therapeutic recreation practitioners take a strength-based approach, and as a high priority, work to facilitate social inclusion in the community (Schleien, Ray, & Green, 1997). They are typically tuned into the strengths, interests, and preferences of individuals with disabilities, which help them make appropriate matches for individuals and their volunteer experiences to ensure that it remains a leisure activity. Based on these strengths-based and community-based approaches, therapeutic recreation practitioners, in partnership with family members, teachers, and community agency staff, are in a strategic position to lead the inclusive volunteering movement.

Partnership F.I.V.E. (Fostering Inclusive Volunteer Efforts) is a program funded by the U.S. Department of Education, Rehabilitative Services Administration, that fosters inclusive volunteer efforts to ensure that individuals with disabilities are recognized as valuable assets to their community and afforded their right to full community involvement (Partnership F.I.V.E. Mission, n.d.). To successfully implement inclusive volunteering, they developed the following "6-Component Process to Inclusive Volunteering" based on an inclusive recreation model proposed by Schleien et al. (1997). The "6-Component Process to Inclusive Volunteering" includes recruitment and preparation, assessment, matching, building supports, communication, and evaluation.

Recruitment and preparation. Individuals with disabilities, family members, careproviders, volunteer coordinators, nondisabled partners, and nonprofit agency staff are recruited and prepared for inclusive volunteering. Depending on their current level of knowledge regarding volunteering (i.e., what it is, why people volunteer, what they do, how they can benefit from volunteering, responsibilities of being a volunteer), individuals with disabili-

ties may need to be educated on the subject. Once individuals with disabilities are provided information on volunteering, they are then offered the opportunity to express interest in participating. Parents and careproviders are provided with information on why they should support inclusive volunteering and how best to support their family member in these endeavors. Volunteer coordinators and other nonprofit agency staff are provided with training on how to successfully engage volunteers with diverse ability levels. Individuals without disabilities that may volunteer alongside those with disabilities are recruited and prepared to support their partners in their volunteer roles.

Assessment. Individuals with disabilities are assessed for preferences, abilities, and needed supports. The strengths and preference-oriented approaches to therapeutic recreation service delivery situates the profession strategically to conduct such volunteer assessments. It is crucial that volunteers are performing tasks that are of interest and match their skill levels appropriately. Oftentimes, an individual's recreational interests can be converted into a volunteer opportunity. For example, someone who likes to sew can make baby blankets for newborns born with drug addictions. A person who enjoys singing hymnals can sing for residents of a skilled nursing unit. Someone who enjoys watching plays can distribute programs or take tickets at a community theatre and also enjoy the show.

Matching. Based on the preferences and abilities identified in the assessment, individuals are matched with volunteer tasks that could meet community needs. Many communities have Volunteer Centers, sometimes independent of, and other times a part of, the United Way, whose mission is to mobilize resources to meet community needs. They often have a listing of volunteer opportunities and community needs that can be accessed so that a viable match can be made for the individual placement. Other possible resources for identifying volunteer opportunities include the United Way 2-1-1 system, the local professional association of volunteer administrators,

newspaper listings, and on-line sites such as Volunteer Match (<http://www.volunteermatch.org>) and Network for Good (<http://www.networkforgood.org>).

Building supports. Necessary supports for a successful volunteer experience must be identified and implemented. Supports should be as natural and nonintrusive as possible as not to interfere with opportunities for social inclusion or call attention to their limitations. These supports are made on an individual basis and may include adaptations of equipment and/or tasks, alternative training formats, transportation strategies, or identification of a mentor or peer partner. For example, a volunteer who needs prompts to remind her of what she is to do next is given a card with pictures representing the series of tasks she is to complete that is laminated and small enough to be placed out of sight once she identifies her next task. Another example would be of a volunteer in a children's museum who has difficulty dealing with unavoidable down time between visitors being matched with a peer partner. Together they serve the museum guests, but during down time between guests, they play a game of cards. Other accommodations are illustrated in the implementation examples that follow.

Communication. Communication should be maintained between the volunteer, volunteer partner (if applicable), volunteer coordinator, and family members. A volunteer may be ineffective in discussing important issues with a volunteer coordinator. For example, a volunteer may wish to express dissatisfaction with a peer partner, or express that she has outgrown her current volunteer role. A family member may observe that the individual appears agitated during or after volunteering, which may signify that a change in volunteer task or environment is warranted. A volunteer coordinator may have to discuss the need for a change in behavior (e.g., personal hygiene) and may need assistance in doing so. Communication is essential so that these issues and others could be resolved prior to becoming problematic.

Evaluation. Feedback is gathered from all key players to determine whether alterations to the volunteer experience should be made. Questions that need to be asked include: Is the volunteer enjoying her placement, establishing social connections, feeling valued, and learning new skills?; Does the volunteer coordinator believe that the volunteer is an asset to the agency?; Do agency staff feel comfortable working with the volunteer?; and Is the volunteer partner feeling valued and comfortable in the role? Changes to the volunteer experience are made accordingly to assure a positive recreational experience.

Implementation Examples

Partnership F.I.V.E. pilot-tested several methods to assist individuals with disabilities to become volunteers using the "6-Component Process to Inclusive Volunteering." Three promising approaches include (1) carefully placing individuals in ongoing volunteer roles, (2) volunteering as a programmed recreation activity, and (3) designing 1-day service events connected with Seasons of Service. The following three implementation examples illustrate the inclusive volunteering process within each of these approaches.

Implementation Example #1: Individual Volunteer Placement in Ongoing Role

The "one-on-one" program model involves making appropriate matches and instituting adequate supports to help individuals with disabilities become affective volunteers. This approach could meet an individual's goals and needs, extend their natural support networks, and contribute to the well-being and functioning of the community. Through ongoing volunteering, opportunities are optimized to gain mastery of skills and develop friendships. The following case study illustrates these techniques and outcomes.

Individual profile. "Bonnie" is a 55 year-old woman with cerebral palsy and mild mental retardation. She moves and controls her

wheelchair with one foot and has limited fine motor control of her right hand. Bonnie has a strong long-term memory, difficulties with short-term memory, and does not read or write. Bonnie has limited conversational skills and tends to agree with others regardless of her own opinions until she feels more comfortable. She lives alone in an apartment and receives personal health care assistance for three hours each day. Bonnie volunteers at her church by helping with mailings. Her church, careprovider (personal health care assistant), and a relative are her only sources of support. She is lonely, bored, and feels alienated from society. When Bonnie was asked about friends and family, she stated that she had none and broke down into tears.

Volunteer placement. Interested in exploring how Bonnie would benefit from volunteering, her careprovider contacted Partnership F.I.V.E. The careprovider expressed skepticism in Bonnie's ability to make any contribution in the community, and "warned" that she was "disabled." Partnership F.I.V.E. addressed the careprovider's concerns by focusing on Bonnie's abilities. During this initial meeting, they discussed what volunteering meant to Bonnie, what she does in her volunteer role at the church, and what other activities she may enjoy.

To identify her strengths and interests, Partnership F.I.V.E. conducted a comprehensive assessment using their Volunteer Profile (Partnership F.I.V.E. Volunteer Profile, n.d.). Bonnie indicated that she learns quickly, enjoys organizing and sorting, and wants to make friends. Her careprovider reported that once a task is modeled, she can learn the skill quickly and perform the work independently. Within the Volunteer Profile, Bonnie and her careprovider flagged items for consideration of special support including "difficulty with words" (reading and writing), "difficulty with numbers" (telling time and counting money), "mental difficulties" (concentrating), "communication difficulties" (talking with others), and "computer skill difficulties" (using the Internet and email).

With assistance from the local Volunteer Center, community needs were reviewed in search of a "good fit" with Bonnie's interests and strengths. The volunteer support team discussed available roles that matched her schedule, interests, strengths, and accommodation needs. Bonnie's wishes were to use her organizational skills within a social setting.

A volunteer position at a nonprofit fund raising organization was selected by Bonnie and her careprovider. This agency was orchestrating a large local fundraiser and Bonnie's role was to volunteer one day per week to help sort sponsorship envelopes for fundraising team packets. Considering Bonnie's communication difficulties, she was partnered with a volunteer mentor at the agency.

A Partnership F.I.V.E. staff member was on-site on Bonnie's first day as a volunteer to provide her, the volunteer coordinator and agency staff, her mentor, and other volunteers with any needed supports. Partnership F.I.V.E. provided assistance in preparing Bonnie for her new role by making two accommodations. Firstly, since she had difficulties with numbers that limited her ability to count, her mentor agreed to handle that task while Bonnie placed rubber bands around the counted envelopes. A second accommodation was also devised in preparation for her mentor's potential absence. A file sorter with 10 slots was devised, enabling Bonnie to place an envelope in each slot to substitute for counting. Interestingly, Bonnie's careprovider was informed that Bonnie had demonstrated the ability to learn to count with practice. The careprovider agreed to work on this skill with Bonnie at home.

Partnership F.I.V.E. staff visited Bonnie at her volunteer site, initially every week, then every other week, and finally one time per month. These visits enabled Bonnie and agency staff opportunities to voice concerns that may have otherwise been ignored.

Since Bonnie started volunteering, her careprovider cites improvements in her mood, self-esteem, communication skills, and sense of purpose. And, according to Bonnie, the most important outcome has been her interest

in getting out of the house and into the community where she continues to meet new people. Her careprovider has become an advocate for Bonnie along with several other individuals whom she referred to Partnership F.I.V.E. The agency's volunteer coordinator has since successfully engaged three additional volunteers with disabilities.

When asked if either a morning or afternoon shift would be best for future volunteer opportunities, Bonnie's careprovider stated, "you'd better sign her up for the morning shift because on days she is volunteering she gets up and is ready with her shoes, jacket, and pocketbook at four in the morning! She'll get very frustrated if she has to wait 'til the afternoon."

Implementation Example #2: Volunteering as a Programmed Recreation Activity

Partnership F.I.V.E. has found that programs enabling participants to volunteer as a recreational/leisure experience are especially effective. The agency where the volunteer activities take place benefits from the concentrated effort of several volunteers working together as a team. Volunteers have a structured experience that maximizes the potential for cooperative participation and the programmer can impact a large number of volunteers. The following recreation program that engaged young adult volunteers is offered.

"Getting things done" in a local parks and recreation department. Partnership F.I.V.E. partnered with a local parks and recreation department, the school system, and the Department of Recreation, Parks, and Tourism at a local university to facilitate inclusive volunteering using it as a programmed recreation activity. The parks and recreation department viewed this program as one that could be beneficial to all participants, staff, park, and the community. Staff members stated they "got things done" in their park with a minimal outlay of capital expenses. School system staff viewed this program as an opportunity for

their students to give back to their local community, be surrounded by positive role models (i.e., university students), and learn new social and technical skills. A university faculty member assessed the program as an opportunity for students to take on mentor/leader roles, learn more about the capacities of individuals with disabilities, and put into practice the skills learned in class.

A special education class of eight students, ages 15 to 19 years, with mild developmental disabilities from a local high school was selected by the school's administration to participate in this inclusive volunteer program. An initial meeting transpired between the classroom teacher and Partnership F.I.V.E. programmers to discuss students' interests and their necessary accommodations. Twelve university students were recruited from a "Recreation Services with Underrepresented Groups" undergraduate course. These two groups of students met together for 2 hours, 1 day per week, for 10 consecutive weeks. University students were oriented for their volunteer partnering roles through an initial training session that addressed volunteer expectations, importance of teamwork and creating a socially inclusive environment, and general information on people with mental retardation.

Implementation of the volunteer program began with team-building activities which "broke-the-ice," helping participants get to know one another and reinforced the importance of teamwork. These activities were 60 to 90 minutes in duration during the first session and 15 to 30 minutes in duration during each subsequent session.

Volunteers with and without disabilities were organized together into small groups of two to four people. Partners were selected by asking individual group members to select someone from another school. Partners volunteered together on tasks to maintain trails (e.g., lining trails, spreading mulch, weeding), build and install bird and bat houses, plant trees and flowers, and build bridges. Partners helped one another make decisions (e.g., where to nail a

particular board on the bridge), learn new skills (e.g., how to use post hole diggers), and address physical limitations (e.g., assisting a partner to hold a hammer).

An end-of-the-day debriefing enabled the group to discuss what they learned and experienced during their volunteer work. The debriefing was accomplished by forming a group circle and asking questions that provoked reflective thought. A sample question included "What did you do or experience today that had the most meaning for you?" An event was held on the final day of the program to celebrate the group's accomplishments with food, drink, music, and certificates to recognize volunteers.

Outcomes noted in interviews with classroom teachers and programmers included increased social skills by volunteers with and without disabilities and more socially appropriate behavior by the high school volunteers. The park manager stated that volunteers with disabilities were observed using the park during non-volunteer hours for the first time. The park manager also stated that his employees became more aware and accommodating of individuals with disabilities using the park facilities and developed some leadership and problem-solving skills. One university student noted, "The program has impacted these kids and me by placing a sense of community within us to take out and continue to serve others in the community." In reference to one of her students, a special education teacher stated:

In school he works quietly by himself and does not initiate conversations with students or staff. He has repetitive motor movements such as rocking, pacing, clenching fists, and clapping hands, which increase when he is bothered by something. At the park, he offers suggestions during group activities that involve team problem-solving, and his repetitive motor movements decrease.

Implementation Example #3: Seasons of Service Events

"Seasons of Service, sponsored and promoted by the Points of Light Foundation, is a portfolio of national opportunities for people to volunteer for service projects and activities throughout the year . . . to illustrate how a single day of service can grow into an ongoing habit of helping communities" (Points of Light Foundation, n.d.). These one day service events include Martin Luther King Jr. Day, National Youth Service Day, Join Hands Day, Make a Difference Day, and National Family Volunteer Day (NFVD). NFVD provides quality time for family members and encourages communication, while making meaningful contributions to their communities. This event can be customized to fit any local community since there is no set program style established for all communities.

"Leaf it to Us." Partnership F.I.V.E., in collaboration with the Department of Recreation, Parks, and Tourism at a local university, the community volunteer center, and a neighborhood community center, facilitated "Leaf it to Us" as a NFVD event. "Leaf it to Us" is a local effort to rake residents' yards who are unable to do so for themselves in a pre-selected neighborhood currently being revitalized by its residents and the city.

The 88 participants, ranging from 3 to 47 years, included 25 (28%) volunteers with disabilities. Their disabilities included developmental disabilities (e.g., mild to severe intellectual disabilities, physical disabilities, cerebral palsy, multiple disabilities) and mental illness. The event planning committee was aware that individuals with developmental disabilities do not often respond to generalized recruitment and marketing techniques since these recruitment and marketing devices do not typically target this population. With this understanding, several weeks prior to the event they embarked on a targeted recruitment effort to ensure that individuals with disabilities were aware of this volunteer opportunity and were highly encouraged to attend. This

enabled the event planners to speak with individual volunteers about potential accommodation needs and to plan on-site adaptations.

During the event planning process an effort was made to identify a variety of volunteer roles in order to accommodate people with a wide range of abilities and interests. Volunteer opportunities included raking, bagging leaves, trash pick up, marking water drains for the city, distributing drinking water to the volunteers, and preparing food for the return of volunteers from the yards back to the local community center.

Participants were divided into pre-selected, inclusive teams of 8 to 10 members. The purpose of pre-selection was to keep family members or other identifiable groups intact, to ensure team diversity (i.e., volunteers with and without disabilities), and to guarantee physical access of yards to those with mobility impairments. Volunteer teams initially participated in icebreaker activities and then proceeded to their assigned volunteer roles. Several adaptations were employed to facilitate the successful participation by all volunteers. For example, lightweight rakes were available, as well as child-sized rakes for younger participants. Grasp handles were attached to several rakes for easier manipulation. The dream of one participant, who used a motorized wheelchair controlled by head movements, had his legs and arms strapped down to control spasticity, and had limited verbal articulation abilities, was to join the "rakers." Consequently, a rake was taped to this individual's wheelchair so that the rake would drag behind him while he moved across the yard, pulling leaves with it. The rake was attached in such a manner that he could push down on the end of the handle, lifting the rake blades sufficiently above the grass blades to release the trapped leaves and allowed him to reposition his chair for the next pull.

Upon the completion of assigned tasks, the volunteers returned to the registration area. They completed an evaluation, enjoyed the food and refreshments as well as raffles and entertainment. This enabled those who worked

together to socialize and celebrate their accomplishments.

The participants raked 19 yards (e.g., one yard required 37 bags to contain all of the leaves). Also, water drains were marked throughout the neighborhood and literature about the markings were provided to residents. Participants with and without disabilities interacted and developed social connections throughout the day. Volunteers and residents of the neighborhood experienced a renewed sense of community. No participant was left out of any activity. Participant responses to the evaluation question "What did you like about Leaf it to Us?" included "The community coming together to help, plus there were all types of people represented" and "Everyone pitching in and working for the common good." One volunteer with a disability added, "I like the team I work with. They help me follow instructions. I believe they deserve an award for helping out."

Summary and Recommendations for TR Practice

The vital roles that therapeutic recreation practitioners could play to assist individuals with disabilities incorporate volunteering into their leisure repertoires were reviewed. Literature related to the status of volunteering, the multitude of benefits reaped from volunteering, and a synopsis of the literature concerning individuals with disabilities as volunteers was reviewed. Three implementation examples of inclusive volunteer efforts using a systematic inclusive volunteering process were also provided.

Based on the substantial evidence available on benefits through volunteering, including improved physical health (Thoits & Hewitt, 2001), mental health (Middleton & Kelly, 1996; Moore & Allen, 1996; Primavera, 1999; Van Willigen, 2000; Wheeler et al., 1998), and effects on antisocial and prosocial behavior (Eccles & Barber, 1999; Giles & Eyler, 1994; Moore & Allen, 1996; Primavera, 1999), we advocate for inclusive volunteering as a viable

component of therapeutic recreation practice. The expertise of T.R. professionals place them and the field in the strategic position to lead the inclusive volunteering movement. The ability to assess peoples' strengths and preferences, partner with key players in the community, devise adaptation and accommodation strategies, as well as techniques to facilitate social inclusion in the community render T.R. professionals uniquely qualified to facilitate volunteerism by individuals with disabilities.

It is recommended that professionals use the "6-Component Process to Inclusive Volunteering" to implement inclusive volunteering. It is a process that pays careful attention to individual needs assessments, matching with appropriate volunteer roles, and helps arrange the volunteer environment to accommodate people with a wide range of abilities and preferences.

Therapeutic recreation professionals are encouraged to utilize their unique abilities to promote volunteering as a leisure experience to ensure that volunteers with disabilities experience the myriad of benefits associated with this important community activity. They should also be creative in recognizing how an individual's current leisure interests may meet community needs. Therapeutic recreation professionals should provide individuals with the skills and opportunities they need to be successful volunteers. They can arm future volunteers with the ability to communicate their interests and skills, as well as their accommodation needs, since they typically have not had many opportunities to discuss this with others.

Collaboration between the therapeutic recreation professional and volunteer with a disability, volunteer partner, family members/careproviders, is essential. Therapeutic recreation professionals need to build bridges with those in the volunteer administration field. Volunteer coordinators in community agencies, in most cases, are willing to accommodate volunteers with disabilities, but are unsure how to do so (Miller et al., 2003). Therapeutic recreation professionals could

provide training in the skills necessary to facilitate successful inclusion.

As a word of caution, however, skillful therapeutic recreation professionals must pay close attention to a potential pitfall as they attempt to facilitate inclusive volunteerism. It would be a huge mistake for an individual to be taken advantage of by being asked to perform work that should be done as paid labor, and not as a volunteer. The advocacy movement, in support of individuals with disabilities, has realized many gains in the area of competitive employment, and volunteering efforts should not interfere with these significant strides. Individuals with disabilities should only be matched with volunteer roles that are typically filled by other volunteers, in agencies where volunteers are the driving force of the agency and its mission. We do not support individuals with disabilities volunteering side-by-side with paid employees performing similar roles. We advocate for engaging individuals as volunteers within their discretionary time as leisure/recreation, in typical volunteer roles, and among other volunteers.

Recommendations for Research

In order to succeed, it is essential that we learn more about volunteering by individuals with disabilities. We must attempt to understand more fully in what ways agencies benefit by engaging volunteers of varying abilities. Therapeutic recreation professionals must document and articulate these benefits clearly so that agencies will view inclusive volunteering as not just the right thing to do, but as highly beneficial activity.

In theory, volunteering has the potential to assist individuals with disabilities become active and contributing members of their communities, and not merely residents who absorb services and resources (Bogdan & Taylor, 2001). Empirical evidence to support these outcomes is severely lacking. Whether inclusive volunteering plays a role in building a sense of membership and belonging, and con-

tributes to active engagement in the community, remains unexplored.

Additionally, the impact that inclusive volunteering has on the community's perception of individuals with disabilities requires careful scrutiny. For example, does social value; that is being perceived as a more viable and integral member of the community, change following successful volunteering? On a broader scale, whether inclusive volunteering builds social capital, stronger communities, and better places to live warrants further investigation.

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