



VOLUNTEER APPLICATION

Date of Application: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date of Birth: _____ Sex: _____ Social Security No: _____

Driver's License or State ID No: _____ State Issued: _____

Ethnicity: _____ Emergency Contact: _____

Phone: _____ Relation: _____

Tell us a little about yourself: _____

How did you hear about Olive Branch Mission? _____

Explain your reason for desiring to serve at Olive Branch Mission and what you hope to gain from this experience.

Areas of Interest

- | | | |
|--|--|---|
| <input type="checkbox"/> Building Repair | <input type="checkbox"/> First Aid/Safety Training | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Bulk Donation Mailing | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Plaster/Concrete |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Cleaning Projects | <input type="checkbox"/> Gardening | <input type="checkbox"/> Research |
| <input type="checkbox"/> Computer Network Management/Support | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Resume Writing/Job Readiness |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> HVAC | <input type="checkbox"/> Serving Meals |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Landscaping/Grounds Cleanup | <input type="checkbox"/> Sorting Donations |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Life Skills (Financial Management, Parenting) | <input type="checkbox"/> Tutoring (Homework, GED & Literacy Training) |
| <input type="checkbox"/> Dance Training/Performance | <input type="checkbox"/> Marketing | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Music Training/Performance | |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Painting | |

Desired Location of Service

Program Operations
6310 S. Claremont Ave.
Chicago, IL

Branch of Love
2115 W. 63rd Street
Chicago, IL

Lamplight II
544 W. 123rd Street
Chicago, IL

Program of Interest

No Preference

Lamplight Interim Housing
(6310)

Lamplight II Interim Housing
(544)

Daybreak Interim Housing
(6310)

Frontline Youth Opportunities
(6310)

Life Transformation (6310)

Hope of a Home (6310)

Branch of Love (2115)

Other: _____

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Specific Date and Time: _____

Special Occasion/Event: _____

Is this a community service requirement? Yes No How many hours are you required to complete? _____

Groups

Are you volunteering with a group? Yes No

If you answered yes, please fill out the questions below. Also please note that we ask volunteers to bring the supplies needed to complete their project(s) or the money to purchase the supplies upon arrival. Along with this, an aspect of volunteerism that we are trying to implement this year is that each group that comes to serve would also commit to raising a dollar figure to match the work they provide, leaving a gift behind when they leave the mission.

Group Name: _____

Group Size: _____ Will your group need housing? Yes No

A detailed list of the names, gender and age of each volunteer as well as the supervisors, chaperons and etc., has to be submitted prior to confirmation of volunteering and arrival.

Tell us about your group: _____

Acknowledgement

In submitting this application, I hereby certify that the answers given by me to the above question and statements are true and correct. It is understood and agreed that any misrepresentation, false statement or omissions by me in the application, will be sufficient reason for rejection of my application or for dismissal at any time during my volunteer service, without liability to OBM, my signature also indicated that I have read and understand the above stated information within this document and am signing below of my own free will.

Volunteer's Signature

Date

If under the age of 18, parent/guardian signature is required.

Parent/Guardian Signature

Date



VOLUNTEER CRIMINAL HISTORY RECORD CHECK

In order to determine suitability for volunteering at Olive Branch Mission, I authorize the Olive Branch Mission, pursuant to Illinois Law, to obtain any criminal history record information. I understand that this may include a search of local, state and/or federal law enforcement agency records and hereby expressly release any and all information these agencies may provide. I understand that misrepresentation or falsification of information I provided will result in rescinding of my volunteering opportunities. I authorize and understand that background checks will be conducted by a third party contracted through Olive Branch Mission.

Full Name: _____
Last First M.I. Suffix

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date: _____ Sex: _____ Social Security #: _____

Driver's License or State ID#: _____ State Issued: _____

Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Black (Non-Hispanic) Hispanic White
 Other: _____

Have you ever been convicted of a crime? Yes No
(If yes, please use the back of this page to provide details, date, offense and results)

If there is a need for clarification of my identity, I agree to provide additional information, including, but not limited to, photographs and fingerprints.

Signature: _____ Date: _____

**If the person signing is under the age of 18, consent from a parent or guardian is needed.*

Parent/Guardian: _____ Date: _____

OFFICIAL USE ONLY BELOW LINE

Date Cleared by OBM: _____ Initials: _____

An Equal Opportunity Employer



VOLUNTEER CONFIDENTIALITY AGREEMENT FORM

All volunteers are responsible for maintaining and protecting the confidentiality of information as it relates to clients and Olive Branch Mission. Maintaining confidentiality will be in compliance with the law, enhance trust between the guests and OBM, and respect the client's and OBM's right to privacy, Olive Branch Mission regards client privacy seriously.

I _____, as a volunteer of Olive Branch Mission, do hereby affirm that I will treat all Olive Branch Mission's clients and organizational information as confidential. I will not divulge any information regarding clients either directly or indirectly. I further understand that I convey information concerning clients only to IBM's staff members as necessary only for the proper provision of service to the clients. I acknowledge that no photographs/video/audio may be taken of clients (adults and children) in order to maintain client confidentiality, Any and all requests for information made by agencies and others to maintain client confidentiality. Any and all requests for information made by agencies and others will be referred to the Lead Staff.\

In signing this statement, I fully realize the importance of maintaining confidentiality and that a violation of confidentiality could result in immediate termination as a volunteer. Should such termination occur, I understand that my obligation to protect the confidentiality of both the guest and organizational information will continue after termination of my relationship with Olive Branch Mission. I further realize that any breach of confidentiality could also result in legal action by a client.

Name (Printed): _____

Signature: _____ Date: _____

**If under the person signing is under the age of 18, consent from a parent or guardian is needed.*

I hereby certify that I am the parent or legal guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____



VOLUNTEER CONTRACT AND RELEASE FORM

I _____, hereby grant to Olive Branch Mission the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and social media, taken or made on behalf of the organization or its partners. I agree that the organization has complete ownership of such material and can use said material for any purpose consistent with the organization's mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, websites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc.

I hereby release and discharge Olive Branch Mission, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I acknowledge that I have read the foregoing and fully understand its contents.

Name (Printed): _____

Signature: _____ Date: _____

**If under the person signing is under the age of 18, consent from a parent or guardian is needed.*

I hereby certify that I am the parent or legal guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____