Volunteer Application

Date Submitted _____

Volunteer Eligibility Requirements

At Olive Branch Mission, we are committed to providing a safe and supportive environment for all individuals we serve. We value the dedication of our volunteers and strive to uphold the highest standards of care, compassion and compliance with the law. We appreciate your understanding and commitment to the values that guide our mission.

Eligibility Criteria

Who is eligible: Volunteers must be at least 18 years of age. Individuals under age 18 must be accompanied by an adult (i.e. parent/guardian teacher or other responsible adult who is also volunteering).

The following individuals are <u>not eligible</u> to volunteer at any of Olive Branch Mission's campuses:

- Individuals registered or required to register as sex offenders.
- Individuals convicted of a violent crime involving a child.
- Any individuals displaying unwillingness or inability to comply with Olive Branch Mission's Code of Conduct will forfeit their eligibility (See attached).
- With exception of emergencies, individuals who do not show up for their scheduled service date/time without giving appropriate notice could forfeit their eligibility.

If you are volunteering with a group, please complete the Group Volunteer Application on our website: www.obmission.org

Full Name: _____
First M.I. Last

Street Address:
_____Apt./Unit_____

City: _____ State _____ Zip _____

Daytime Phone# ___ _____Email: _____

Emergency Contact: Name _____ Relationship _____Phone#_____

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.
_____

_____

Is this a community service requirement? Yes [ ] No [ ] If yes, how many hours are you required to complete? _____
Required completion date _____

Is this Court Mandated? [ ] Yes [ ] No **If yes, what is the nature of the offence or charge?**

_____

Skills / Interests ("X" all that apply)

- [ ] Building Repair
- [ ] Carpentry
- [ ] Cleaning Projects
- [ ] Computer Network Management/Support
- [ ] Computer Training
- [ ] Cooking
- [ ] Counseling (specify) _____
- [ ] Electrical
- [ ] Exercise
- [ ] First aid/Safety Training
- [ ] Food Pantry
- [ ] Foreign Language
- [ ] Gardening
- [ ] Graphic Design
- [ ] HVAC
- [ ] Landscaping/Grounds Cleanup
- [ ] Life Skills (Ex: Parenting, Financial Management, Etc.)
- [ ] Marketing
- [ ] Music Training/Performance
- [ ] Painting
- [ ] Photography
- [ ] Plaster/Concrete
- [ ] Plumbing
- [ ] Serving Meals
- [ ] Sorting Donations
- [ ] Tutoring (Homework, GED & Literacy Training, Math)
- [ ] Other_____

Desired Location of Service

[ ] 6310 S. Claremont Ave.
Chicago, IL 60636

[ ] 544 W.123rd Street
Chicago, IL 60628

[ ] 2115 W. 63rd Street
Chicago, IL 60636

Program of Interest

- [ ] No Preference
- [ ] Lamplight Single Women (6310)
- [ ] Lamplight Women & Children (6310
- [ ] Lamplight Families (6310)
- [ ] Lamplight Single Men (6310)
- [ ] Lamplight Single Men (544)
- [ ] Branch of Love Permanent Housing (2115)

Other _____

Availability

- **DAYS:**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

- **HOURS**

Specific Date and Time: _____

Special Occasion/Event _____

Notes:

Contracts and Code of Conduct

In addition to this application, volunteers are requested to read and sign the following accompanying documents regarding guidelines for conduct and activities at the Mission.

Initial when completed:

- **Olive Branch Mission's Code of Conduct _____**
- **Confidentiality Agreement _____**
- **Contract and Release Form _____**

In submitting this application, and the above listed documents, I hereby certify that the answers given by me to the questions and statements are true and correct.

It is understood that any misrepresentation, false statement or omission 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 indicates that I have read and understand the above stated information within this document and am signing below of my own free will.

Name (printed) _____

Signature _____ Date _____

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 _____

Comments/Notes:

OBM Office Use only:

Reviewed by OBM Staff _____ Date _____

Other documents /information included (proof of licenses, certifications etc. if applicable)

Response to Applicant [ ] Email [ ] Phone OBM Staff _____ Date _____

[ ] Confirmed

[ ] Not Confirmed (reason) _____

6310 S. Claremont Avenue, Chicago, IL. 60636

Welcome!!!

Please be advised of the following:

PARKING is available on Claremont Avenue, on the same side as our building, and in the lot adjacent to our building. Be mindful of signs across the street regarding limited parking on school and/or snow season.

MASKS are not required but recommended.

Upon Arrival – Please sign our Visitors log (inside) at the Security Desk.
Upon Exit/End of Service or Event: Please Sign out

- **If you are bringing donations**, please complete an In-Kind Donations Form at the Security Desk.

CODE OF CONDUCT FOR VISITORS:

1. **Building Access: Signing in and out at the security desk is imperative. Do not wander around the building; a staff member must accompany you when you are visiting a floor other than your assigned work project area or residence area.**

2. **Dress Code: Do not wear any clothing with profane or questionable language/themes. Please refrain from wearing clothes that are too revealing, see though, or inappropriate.**

3. **Do not exchange any personal information (phone numbers, email addresses, social media pages, etc.) with any clients or staff members of Olive Branch Mission.**

4. **Do not exchange any monetary gifts or items with clients. Please see an authorized staff member to go througt the proper channels for donating.**

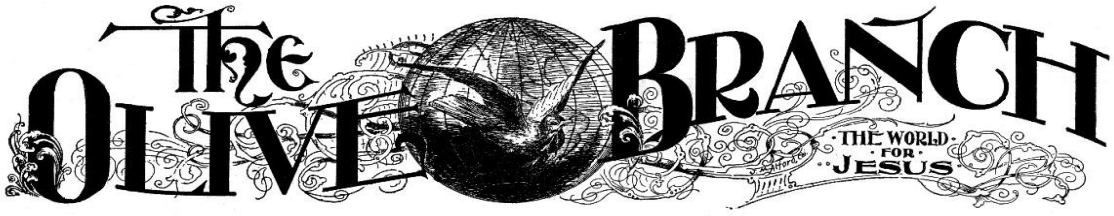
5. **Displays of Affection: Please be considerate and respectful about public displays of affection.**

6. **Audio/Visual: Please refrain from recording and taking pictures of the clients here at Olive Branch Mission. Please ask an authorized staff member for permission so that we can make sure a publicity/copyright form is signed. Feel free to take pictures of your team. Please ask the Mission staff person you are assigned to work with to let you know when and where it is appropriate to take pictures or record.**

7. **When working with our clients, shower them with as much love as you can, but also be respectful of them and their situations and relate to them with boundaries.**

8. **Do not enter any areas marked "DO NOT ENTER" without permission and /or acknowledgement.**

Thank You Again for Coming!



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): _____

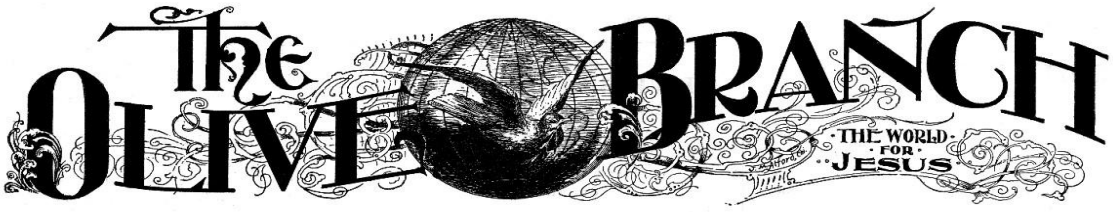
Signature:_____ Date: _____

If the person volunteering 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 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 the person volunteering 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: _____