



# 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: \_\_\_\_\_

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"/> Carpentry                           | <input type="checkbox"/> Food Pantry                                   | <input type="checkbox"/> Plaster/Concrete                             |
| <input type="checkbox"/> Cleaning Projects                   | <input type="checkbox"/> Foreign Language                              | <input type="checkbox"/> Plumbing                                     |
| <input type="checkbox"/> Computer Network Management/Support | <input type="checkbox"/> Gardening                                     |   |
| <input type="checkbox"/> Computer Training                   | <input type="checkbox"/> Graphic Design                                |   |
| <input type="checkbox"/> Cooking                             | <input type="checkbox"/> HVAC  | <input type="checkbox"/> Serving Meals                                |
| <input type="checkbox"/> Counseling                          | <input type="checkbox"/> Landscaping/Grounds Cleanup                   | <input type="checkbox"/> Sorting Donations                            |
| <input type="checkbox"/> Electrical                          | <input type="checkbox"/> Life Skills (Financial Management, Parenting) | <input type="checkbox"/> Tutoring (Homework, GED & Literacy Training) |
| <input type="checkbox"/> Exercise                            | <input type="checkbox"/> Marketing                                     | <input type="checkbox"/> No Preference                                |
|  | <input type="checkbox"/> Music Training/Performance                    |   |
|  | <input type="checkbox"/> Painting                                      |   |

## 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 not eligible 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.

### Desired Location of Service

☐ **Program Operations**

6310 S. Claremont Ave.  
Chicago, IL 60636

☐ **Daybreak Single Men's Shelter**

544 W.123<sup>rd</sup> Street  
Chicago, IL 60628

☐ **Branch of Love**

2115 W. 63<sup>rd</sup> Street  
Chicago, IL 60636

### Program of Interest

- |  |  |
|--|--|
| <input type="checkbox"/> No Preference                     | <input type="checkbox"/> Daybreak Single Men (6310)              |
| <input type="checkbox"/> Lamplight Single Women (6310)     | <input type="checkbox"/> Daybreak Single Men (544)               |
| <input type="checkbox"/> Lamplight Women & Children (6310) | <input type="checkbox"/> Branch of Love Permanent Housing (2115) |
| <input type="checkbox"/> Lamplight Families (6310)         | Other _____  |

### Availability

• **DAYS:**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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• **HOURS**

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Specific Date and Time: \_\_\_\_\_

Special Occasion/Event \_\_\_\_\_

**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?

**Groups – If you are volunteering with a group, please complete this section:**

Group Name: \_\_\_\_\_ Group Size \_\_\_\_\_

Primary Contact person / Volunteer Group Coordinator \_\_\_\_\_

Daytime Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Tell us about your group: \_\_\_\_\_  
\_\_\_\_\_

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

**FOR OVERNIGHT VOLUNTEER GROUPS ONLY:**

Arrival: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Departure: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Please list the Make, Model and Plate # for any vehicles that will be parked on Olive Branch Mission premises overnight.**

**Acknowledgement**

**In addition to this application, volunteers are requested to read and sign the following accompanying documents:**

**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 \_\_\_\_\_



## 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: \_\_\_\_\_