Volunteer Group 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.

<u>Organization / Group Information (To be completed by group leader / primary contact)</u>

Organization/Group Name: _____

Founder/President/Director/Leader: _____

Organization's Street Address: _____Apt./Unit_____

City: _____ State _____ Zip _____

Daytime Phone# _____Email: _____

Website: _____

Primary Contact for Volunteers/ Group Coordinator _____

Daytime Phone# ___ _____Email: _____

How did you hear about Olive Branch Mission? _____

Tell us about your group: _____

_____

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, academic service learning, etc. endeavor?

[ ] No [ ] Yes > How many service hours are you endeavoring to complete? _____

Target completion date: _____

A detailed list of the names, gender and age of each volunteer as well as supervisors, chaperones, is requested prior to arrival.

# of male volunteers _____ # under the age of 18? _____

# of female volunteers _____ # under the age of 18? _____

# of adult chaperones _____ (if applicable)

Total Group Size _____

Preferred Service Day/Season: _____ Start Time _____End Time _____
OR [ ] Olive Branch Mission's Next Available Opening

FOR OVERNIGHT VOLUNTEER GROUPS ONLY:

Cost for overnight accommodations at The Mission (includes meals): $25.00 per night / per person. Due upon arrival. We also ask for a donation of linens (Twin size flat or fitted sheets, Bath towels, washcloths).

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.

Skills / Interests ("X" all that apply) for any members in your group

- [ ] 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

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

[ ] Daybreak Single Men's Shelter
544 W.123rd Street
Chicago, IL 60628

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

Program of Interest

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

Contracts and Code of Conduct

For the Group Leader: All volunteers are requested to read and sign a copy of the following accompanying documents, to submit to the Group Leader upon arrival at The Mission.

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

To be confirmed by group leader:
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 _____

Name of Participant(s) under age 18: (list on reverse if more space 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 _____

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) _____