



Thank you for your interest in volunteering with HOPE of the Grand Valley! Volunteers are an important part of our team and help us in many ways. We appreciate everyone who gives us the gift of their time. Wherever you volunteer, you will make a difference! Below is some basic information regarding our volunteer program and application.

Please email this completed application to: vicki@hopegv.org

Volunteer Application and Agreement Form

Date:

First Name

Last Name:

Address:

Best Telephone number:

Email:

Date of Birth:

Driver's License No.

Emergency Contact Name

Tele. No.

Relationship

How did you hear about HOPE of the Grand Valley?

Please tell us why you have chosen HOPE of the Grand Valley as a place you would like to volunteer:

Do you have any friends/family members who are employed or volunteer here?

If yes, who

Types of volunteer work you think you'd be most comfortable with:

*Our major need is child care during our parent's classes.
These are the First and Third Thursday of every month as well as some Mondays beginning at 6:00PM.*

*Classes our parents are most interested in are
Parenting, Cooking, Relationships, Family Scheduling, Organization, dealing with depression, How to Clean up Credit Scores, how to write a Will, Healthy Eating, Craft night, Resume building, Budget Coaching, Stress Management.*

Fund Raising

Grant Writing

Lead a Class

Child care

Events

What class do you feel you are most gifted to lead?

Mentor

List Your Past Volunteer Experiences and qualifications:

Organization:

Duties:

Dates:

Organization: Duties:

Dates:

Continuation of experiences and qualifications, please let us know about you:

Have you ever been adjudged civilly or criminally liable for abuse of an individual or child?

Have you been convicted of a felony?

If yes, please describe:

BACKGROUND CHECK:

HOPE of the Grand Valley requires volunteers to provide a recent background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. Screening must be completed before volunteers begin working with HOPE of the Grand Valley.

REFERENCES:

List two people, not related to you who have knowledge of your qualifications.

Name:

Address:

Tele. No.:

Name:

Address:

Tele. No.:

As a volunteer for HOPE of the Grand Valley, I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that HOPE of the Grand Valley may terminate this agreement at any time without prior notice for any reason. I hereby authorize HOPE of the Grand Valley to check my references, and I understand that I will provide HOGV with a criminal background check on myself. Background checks may be obtained at the GJPD for \$5.00.

In keeping with the HOGV mission statement to provide encouragement, guidance and practical support for low-income families, the following guidelines are established for volunteers to most effectively serve this population:

Volunteers:

- Acceptance and an attitude of genuine care and concern
- Attentive listening, without judgment or personal criticism
- Volunteer leadership positions that entail teaching and facilitating classes/groups will be approved and supervised by the director. Director will have an open-door policy for any questions or concerns from volunteers. Mentoring positions are only considered after 6 -12 months commitment by the volunteer has occurred.
- Volunteers will not promote or advocate their own personal agendas. A new volunteer will act in a supporting role capacity in this sense.
- Any and all information received from clients and or HOPE of the Grand Valley is strictly confidential and will not be shared with others.

Discontinuation of clients and volunteers will be at the Director's discretion.

Your Signature

Date

Agreement

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with HOPE of the Grand Valley and orientation to perform my volunteer role.

I hereby Release and Waive liability against HOPE of the Grand Valley, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for HOPE of the Grand Valley. Further, I agree that HOPE of the Grand Valley, is not liable for any damage to myself or property resulting from volunteer work for HOPE of the Grand Valley. I agree that this release is as broad and inclusive as permitted by the laws of the State of Colorado.

Confidentiality Policy

Respecting the privacy of our clients, donors, members, staff, and volunteers HOPE of the Grand Valley itself is a basic value of HOPE of the Grand Valley. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Director. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Volunteers of HOPE of the Grand Valley may be exposed to information, which is confidential and/or privileged and proprietary in nature. It is the policy of HOPE of the Grand Valley that such information must be kept confidential both during and after volunteer service. Volunteers are expected to return materials containing privileged or confidential information at the time of separation from service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the persons who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

Volunteer Signature:

Date:

Thank you again, for your interest in volunteering with HOPE of the Grand Valley.

Volunteers play a vital role in our organization and we are always looking for new team members. We are seeking volunteers that are responsible, committed, compassionate and who truly want to make a difference in the lives of our families.

We welcome friendly, professional, personable volunteers to help with community events, as well as other volunteer positions.

HOPE of the Grand Valley will contact you regarding training, availability and information on your placement.

It is important for all applicants to realize that a completed Volunteer Application does not guarantee placement in our organization. All applications are reviewed and whether to place an applicant in the organization is solely the decision of our organization.

Thank you for your interest in volunteering. With your help, we can make a difference in the lives of our HOPE of the Grand Valley families!

Most Sincerely,

Vicki McGee
Founder/Executive Director