



INDIVIDUAL VOLUNTEER APPLICATION FORM

Guest House:
809 S. Damen #202
Chicago, IL 60612

Phone (312) 996-1167
Fax (312) 996-3935

www.imdguesthouse.org

Today's Date _____

First Name	Last Name	Birthdate
Address		Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
City	State	Zip Code
Emergency Contact:		Relationship:
Under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how old?		Phone:
Briefly describe why you want to volunteer with IMD Guest House:		How did you hear about us?

VOLUNTEER COMMITMENT

Please check areas of interest:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Meal Maker
(monthly 3-4 hrs) | <input type="checkbox"/> Office
(weekly 2-4 hrs) | <input type="checkbox"/> Cookie or Muffin Baker
(monthly 2-3 hrs) | <input type="checkbox"/> Grab 'n Go Breakfast
(monthly 1-2 hrs) |
| <input type="checkbox"/> Goody Bags
(quarterly 2-4 hrs) | <input type="checkbox"/> Special Event
(quarterly 5-8 hrs) | <input type="checkbox"/> Guest Greeter
(weekly 2-4 hrs, after 4p) | <input type="checkbox"/> Other: |

Please check objective for service:

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> School Service Hours | <input type="checkbox"/> Community Service | <input type="checkbox"/> Educational | <input type="checkbox"/> Corporate Day of Service |
| Short Term Project: | <input type="checkbox"/> 1-2 Hours | <input type="checkbox"/> ½ Day | <input type="checkbox"/> 1 Day |
| Ongoing Partnership: | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| | <input type="checkbox"/> Several times/year | <input type="checkbox"/> Yearly | |

AVAILABILITY

Indicate preferred days and times:

Mon		Tues		Wed		Thur		Fri	
<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM
<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM

Specific Date(s): _____
OR: Specific Time(s): _____

REFERENCES

1. Name	Phone No.	Relationship to you/years known
2. Name	Phone No.	Relationship to you/years known

OFFICE

USE ONLY: Interview date:

☐ Email ☐ Voicemail

Followup:

IMPORTANT: VOLUNTEER POLICY

Please ensure that you have read and understood the following:

Liability Release:

- ☐ As a Volunteer, I agree to volunteer my time and talents to assist the IMD Guest House (IMDGH) in carrying out its mission.
- ☐ I understand that I will not receive any monetary compensation and that I am not eligible for benefits offered to IMDGH employees.
- ☐ I will abide by the rules and regulations of IMD Guest House Foundation and U of I @ Chicago.
- ☐ I understand with proper notification either myself or IMDGH may cancel this agreement at any time.
- ☐ I understand that completing this application process does not guarantee acceptance as a volunteer.
- ☐ I agree to:
 - Complete the duties that we agree to and are assigned to do, to the best of my ability.
 - Arrive on time and notify staff when I am unable to work the shift or hours I had planned.
 - Be courteous and respectful to the public, volunteers and staff.
 - Be respectful of IMDGH and partner's physical space and resources.

IMDGH agrees to:

- Provide necessary training to do your assignments.
- Provide a safe working environment.

Confidentiality Statement:

As a volunteer for the IMD Guest House Foundation, I acknowledge that I may have access to confidential and privileged information and materials obtained through my affiliation with the IMD Guest House Foundation. I will not share any such information or materials with anyone within or outside the organization not intended to receive them. _____

Initial

Consent and Release for Publication of Media:

Unless otherwise indicated, I, the volunteer, grant permission to the IMD Guest House Foundation all rights, title and interest in any and all photographic images and video or audio recordings for legitimate purposes, including for advertising, social media, trade and editorial purposes without compensation to me. I also consent the use of my name with this media.

Initial "Yes, I give permission to be
photographed and/or
videotaped for publication."

OR

Initial "No, I deny consent to be
photographed and/or
videotaped for publication."

I hereby certify that the information in this application is correct to the best of my knowledge and belief. I authorize agents of the IMD Guest House Foundation to check the references I provided. I understand that should I be offered a volunteer position, any misrepresentation by me may lead to termination.

Signature

Printed Name

Date

Release and Consent Form for Youth Volunteers (under the age of 18 years old):

Volunteers under the age of 18 must have the below signed. In consideration of my child's participation of volunteer work at IMD Guest House Foundation, _____ has my permission to participate in said events at this organization.

I hereby release and waive any and all claims that I or my child may have against IMD Guest House Foundation, their Board of Directors, employees, agents and representatives resulting in whole or part, from child participation in the said events. I represent to IMD Guest House Foundation that I am the parent or guardian of the volunteer whose name appears above. On behalf of that volunteer, I agree and accept all the provisions of the foregoing Statement of Understanding and Authorization, Release and Indemnity.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date