

**Homeless Assistance Leadership Organization, Inc. (HALO)**

**HALO Volunteer Agreement**

The mission of the Homeless Assistance Leadership Organization (HALO) is to provide a pathway to self-sufficiency for those experiencing homelessness in Racine County.

I understand that as a volunteer, I have a responsibility to ensure that the organization does the best work possible in pursuit of its mission. I believe in the purpose and the mission of the organization, and I will act responsibly and prudently as a volunteer.

1. I will promote the organization's work and values to the community.
2. I will stay informed about the organization. I will ask questions and request information.
3. I will be on time for assignments, and I will complete the tasks requested, or will discuss completion of the task with my supervisor if there are difficulties.
4. I will work in good faith with clients, other volunteers, staff and the Board of Directors as partners toward achievement of goals.
9. If I do not fulfill these commitments to the organization, I will expect that the Executive Director or designee will bring this to my attention, and I may need to cease my volunteer activities.

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Application

Name: \_\_\_\_\_

Other names/maiden name/aliases: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email contact: \_\_\_\_\_

Place of employment (name and address): \_\_\_\_\_

Occupation and current position: \_\_\_\_\_

\_\_\_\_\_

If retired, previous employer \_\_\_\_\_

Professional licenses/skills \_\_\_\_\_

\_\_\_\_\_

**Organizational Affiliations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Leadership Experience**

\_\_\_\_\_

\_\_\_\_\_

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**Educational Background** \_\_\_\_\_

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**Why are you interested in volunteering?**

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**Knowledge of homeless issues**

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**What type of service would you be interested in**

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**Have you ever been convicted of a misdemeanor or felony ?  Yes  No**

**Will you consent to a criminal history check to be conducted on you by a law enforcement agency partnered with HALO?**

**If yes: sign here:** \_\_\_\_\_

**If not, please attach explanation.**

**The above information is true and correct and I hereby authorize HALO to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming information contained in this questionnaire / application and or obtaining other information that may be material to my qualifications now, or if applicable, during the tenure of my membership or service with HALO. By signing this document I release HALO from any liability for any opinion(s) it may form or any decision it might make regarding my qualifications to serve as a volunteer.**

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please attach at least 3 references: Name, address, telephone and e-mail.**