



HALO VOLUNTEER AGREEMENT

MISSION STATEMENT OF HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION (HALO): HALO IS COMMITTED TO PROVIDING A PATHWAY TO SELF-SUFFICIENCY FOR THOSE EXPERIENCING HOMELESSNESS IN RACINE COUNTY.

THE VISION FOR THE HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION IS THAT ALL HOMELESS INDIVIDUALS AND FAMILIES IN RACINE COUNTY WILL BE PROVIDED EMERGENCY FOOD, CLOTHING, SHELTER, TRANSITIONAL AND PERMANENT HOUSING, AND SUPPORTIVE SERVICES THROUGH A COLLABORATIVE STRUCTURE THAT EFFECTIVELY COORDINATES SERVICES, SHARES INFORMATION, INCREASES FUNDING, AND ELIMINATES DUPLICATION AND GAPS IN SERVICES.

VALUE STATEMENT

OUR CORE VALUES INFLUENCE HOW WE MAKE DECISIONS, INTERACT WITH PROGRAM PARTICIPANTS, AND TREAT EACH OTHER IN THE WORKPLACE. THESE CORE VALUES ARE RESPECT, INTEGRITY, STEWARDSHIP, AND EXCELLENCE (RISE). THESE CORE VALUES WILL HELP HALO RISE AS AN EXCELLENT ORGANIZATION TO END HOMELESSNESS AND PROVIDE HIGH QUALITY PROGRAMS AND SERVICES FOR THE HOMELESS IN RACINE COUNTY.

AS A VOLUNTEER I AGREE TO THE FOLLOWING:

- TO UPHOLD THE AGENCY'S POLICY OF CONFIDENTIALITY REGARDING THE NAMES AND SITUATIONS OF PEOPLE WHO CALL THE AGENCY IN CRISIS SITUATIONS, RESIDE IN THE SHELTER, AND WHO RECEIVE SERVICES OF ANY KIND OFFERED THROUGH HALO INC.
- I UNDERSTAND THAT ANY VIOLATION OF CONFIDENTIALITY SERIOUSLY INJURES THE PROGRAM'S REPUTATION AND EFFECTIVENESS AND MAY CONSTITUTE CAUSE FOR DISMISSAL UNDER CERTAIN CIRCUMSTANCES.

PLEASE RETURN COMPLETED APPLICATION TO ANY OF THE FOLLOWING:

EMAIL: MSus@HALOINC.org

FAX: (262) 633-7374 ATTENTION/MEAGAN
SUS

MAIL: HALO ATTENTION/MEAGAN SUS
2000 DEKOVEN AVE
RACINE, WI 53403

INDIVIDUAL VOLUNTEER APPLICATION

SECTION I

DATE _____

LEGAL NAME: _____

DATE OF BIRTH: _____ CONTACT NUMBER _____

ADDRESS: _____

EMAIL ADDRESS: _____

SECTION II

Do you have any previous Volunteer Experience?

Additional information (such as education, interests or hobbies):

Occupation (Past Occupation if retired):

Languages Spoken:

SECTION III

Availability and Volunteer Assignment Preferences check all that apply:

I am interested in:

I am available:

- Restoration Meal Makers Assist Staff
 Adopt a room Tutoring Other
 Gardening Children's Activities

Mornings Afternoons Evenings

Weekends Weekly Monthly

One Time Only As Needed Other

Do you have any physical restrictions we should be aware of? Yes No

If Yes, Please Explain

SECTION IV

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

If Yes, Please Explain

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

Yes No

As a Volunteer of HALO, Inc., I release HALO, Inc. and any of its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates from any and all liability for property damage, personal injuries or other claims arising from or in connection with my volunteer activities, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

Furthermore, I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against HALO, Inc., or any of its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, arising out of or relating to my volunteer activities at HALO Inc. Any causes of action, claims and demands now or in the future are hereby waived released and discharged by me.

I acknowledge that I have read and fully understand this Injury Waiver and General Release Form. This agreement will be binding on me, my spouse, my children, my legal representatives and my heirs, successors and assigns.

SIGNATURE

DATE

PARENT SIGNATURE (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

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 _____