

Homeless Assistance Leadership Organization, Inc. (HALO)

HALO Volunteer Agreement

Mission Statement of Homeless Assistance Leadership Organization (HALO): HALO is committed to preventing all homelessness in Racine County by meeting shelter needs, coordinating supportive services and providing community leadership.

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 advocate for our constituencies' needs and values within the organization, speak out for their interests, and on their behalf, hold the organization accountable in an appropriate manner.
3. I will stay informed about what's going on in the organization. I will ask questions and request information.
4. I will be on time for any work to which I am assigned and 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 participants, staff and the Board of Directors as partners toward achievement of our goals.
9. If I don't 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

Legal 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:

Educational Background: _____

Why are you interested in volunteering:

Knowledge of homeless issues:

What type of service would you be interested in:

Have you ever been convicted of a misdemeanor or felony: _____yes _____no

If response is “yes”, please attach explanation.

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.

