



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).

- **Respect:** We value and acknowledge the uniqueness of each person.
- **Integrity:** We value honesty, compassion, responsibility, and behaviors that build trust.
- **Stewardship:** We value our human, financial, and building resources and commit to taking responsibility for ethical and efficient use of those resources.
- **Excellence:** We value quality in work performance and programs and are committed to assuring best practices.

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.

Please return completed application to any of the following:

Email: JFiorita@HALOINC.org

Fax: Attention/Jeanette Fiorita
(262) 498-2348

Mail: HALO
Attention/Jeanette
Fiorita
2000 Dekoven Ave
Racine, WI 53403

Individual Volunteer Application

Section I

Date _____

Legal Name: _____

Other names/maiden name/aliases: _____

Date of Birth: _____ **Address:** _____

Contact number _____

Email Address: _____

Section II

Previous Volunteer Experience _____

Occupation (Past Occupation if retired): _____

**Additional Information that will help us match your activities
(such as education, interests or hobbies):** _____

Languages Spoken: _____

Section III

Availability and Volunteer Assignment Preferences

Please check all that apply:

- I am available:**
- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed | <input type="checkbox"/> Other |

I am interested in: Restoration Meal Makers Assist Staff
 Children's Activities Adopt a room Tutoring
 Gardening/Groundskeeping Other

Section IV _____ Do you have

a Valid Drivers License? Yes No

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?

If Yes, Please Sign: _____

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

If Yes, Please Explain _____

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 _____