**Volunteer Application (only one individual per application)**

GVSS (Grimes Volunteer Support Services)

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

 Month day year

Are you at least 21 years old? \_\_\_\_ Yes \_\_\_\_No Male \_\_\_\_ Female \_\_\_\_

Are you employed? \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Not Employed \_\_\_\_ Retired

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list organizations for which you currently or previously volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Grimes Volunteer Support Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**info@grimesvss.com**Areas in which you are interested in volunteering:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Driving |  | SUV type vehicle |  | sedan |  | minivan |
|  |  House cleaning |  | Yard work |  | Snow removal |
|  | Grocery shopping |  | Handyman jobs |  | Companionship |
|  | Scheduling |  | Office work |  | Board  |
|  | Fund Raising |  | Special Events |  | Public Relations |

Please indicate the days and times you **are** available:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**Please list three (3) references, one of which should be volunteer/work related:**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

A. I certify that the answers and information provided in the Volunteer Application are accurate and complete to the best of my knowledge. I acknowledge that if any of the information provided is not accurate or complete, I may be denied the opportunity to provide volunteer service.

B. I authorize GVSS to investigate all statements contained in this application for volunteer service, as well as my character and qualifications. I release GVSS from all liability for acts performed in good faith in connection with said investigation and evaluation of my application.

C. I understand and agree that I am not employed by Grimes Volunteer Support Services, and that the relationship between the GVSS and me may be terminated at any time by either party.

D. I understand and agree that as a volunteer I must conform to all of the GVSS rules and regulations.

E. I understand that information I have provided on my volunteer application is confidential.

F. I understand and agree that if I will be driving clients, I must provide a copy of my current driver's license and auto insurance coverage to the Grimes Volunteer Support Services. **I further understand and agree to provide updated copies of my license and insurance coverage each year I am a volunteer driver.**

G**. I understand that as a volunteer, I am not allowed to receive any payment, tips, or reimbursement for any service provided to a client**.

H. I hereby certify that I DO NOT have a record of founded child and/or dependent adult abuse.

I. I hereby give GVSS permission to take photographs, videotape, or digital recordings of me to be used in promoting their services in the community. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

Volunteer Policies and Procedures

**1. Selection & Placement of Volunteers.**  The Office Manager will screen prospective volunteers. This screening is done to determine how the interests, desires, skills and capabilities of the prospective volunteer relate to the needs of the Volunteer Support Services. Questions regarding the ability to safely perform the duties of the volunteer position for which she/he is applying will be asked. The applicant’s answers will assist in the determination of her/his suitability. This selection process should serve to place people in compatible positions. This is essential for several reasons:

a. The client must be protected. He/she must be helped, not hindered by any volunteer involvement.

b. The volunteers who serve here affect the community’s reputation.

c. Morale of other volunteers decline when inappropriate or poor placements occur.

d. The volunteer suffers when she/he is misplaced.

If a volunteer determines a match with a client isn’t working effectively, the volunteer may notify the Office Manager and ask to have the relationship terminated. Conversely, if a client feels the match is ineffective, the client may contact the Office Manager to have the relationship terminated. A volunteer/client relationship may also be terminated if the Office Manager feels the match is not appropriate or if the volunteer does not follow the expectations as stated in the orientation. Upon screening, if it is apparent that the applicant is unsuited for volunteering for the Grimes Volunteer Support Services, the screening person has the responsibility to reject him/her in a straightforward and as pleasant a manner as possible.

**2. Position Descriptions.** When a volunteer applicant is cleared in the background check process and is approved as a volunteer, they will be given a position description, GVSS Volunteer Driver Information sheet, and a name badge. The volunteer is responsible for following the procedures found on the position descriptions. Current position descriptions are available in the office.

**3. Commitment**. When the volunteer makes a commitment to an assigned task she/he should follow these timelines:

1. Transportation – at the assigned time
2. Yard Work – within a 7-day period
3. Snow Removal – within a 48-hour period
4. Grocery Shopping – within a 24-hour period
5. Handy Services – within a 7-day period
6. Office Work – at the assigned time
7. Board/Committee Work – within deadlines set at meeting

**4. Recording Service Hours**. Volunteers are required to report all volunteer hours and miles **within three days of providing service to the GVSS office by phone or email.** It is very important that volunteers report their hours.

GVSS depends on recorded hours to receive grants and donations. Grant committees and potential donors look at the number of volunteers and volunteer hours in determining whether they will give us funding. GVSS **LOSES** money when we don’t have hours recorded.

Hours assigned and served must also be recorded in order for our insurance to be in force. The volunteers and clients may not be covered if we don’t have hours recorded.

**5. Absences**. We realize there will be times when you will not be able to perform your assigned task at the assigned time. Please contact the office or client if appropriate, as soon as possible regarding your absence. Remember that absences without notification may result in termination. **Last minute cancellations should be called into: Loree Herman (316-312-8802) Tom Letsch (515-321-7052) or Jay Brewer (515-321-8051).**

**6. Personal Safety.** GVSS works hard to provide a safe environment for both clients and volunteers. Ensuring the safety of these valuable people is core to our mission. Always seek to provide emergency care for those involved to the best of your ability. As you do so keep the following in mind:

1. **Precaution to prevent the transmission of blood-borne pathogens** (i.e. HIV/AIDS, Hepatitis, etc): Whenever people interact with other people, there is a possibility that one may come in contact with blood and other bodily fluids. If a client starts to bleed, do not come in contact with the blood. Take proper precautions and call 911 for assistance if necessary. Notify the Office Manager as soon as possible.
2. I**njury:** If you or the client should become injured while you are volunteering, handle the injury to the best of your ability. If a client has fallen, do not lift or transfer the client. Call 911 for assistance if necessary. You must report the injury to the Office Manager as soon as possible.
3. **Safety in Alternate Environments:** If, during your volunteering, you find yourself in a place or situation that makes you uncomfortable, inform the client that you need to leave and leave the scene. Call 911 for assistance if necessary, and notify the Office Manager as soon as possible. **Volunteers are required to complete an Incident Report within three days. This is not a reflection upon the volunteer involved. It is so all of us can learn from the experience and perhaps prevent a future occurrence.**
4. **Bad Driving Conditions:** If you are scheduled to volunteer and the driving conditions are hazardous, call the Office Manager, and/or client as appropriate, and inform him/her that you will be unable to complete your assigned task. Hazardous driving conditions shall be judged by the individual volunteer’s comfort level and GVSS will assume that you will complete your assigned task unless notified otherwise.
5. **Natural Disasters:** Should you be volunteering when a natural disaster (fire, tornado, flood, blizzard, etc) occurs, take appropriate actions to ensure your safety and that of the client.

**7. Confidentiality.** During the course of volunteering for GVSS, you may be exposed to confidential information about clients and other volunteers. You are expected to treat such information with the utmost discretion. Confidential information should not be shared with anyone. If you have concerns or questions, you should contact the Office Manager.

Confidentiality continues indefinitely after the contact with the client is terminated. Confidentiality must be maintained at all times, including during any contact with the media or press. The President of the Board of Directors is the only person authorized to speak on behalf of Grimes Volunteer Support Services, unless silence would put the client, a volunteer or GVSS at risk

All clients must be treated with respect and dignity regardless of how their lifestyle may or may not coincide with that of the volunteer. The volunteer is expected to not pass judgment on the client’s beliefs, values, or other lifestyle factors.

**8. Conflict Resolution.** If any conflict between the volunteer and the client (or another volunteer) should arise, the two parties should first try to resolve the matter between them. Any conflicts not resolved between the two parties on their own must be taken to the Office Manager for resolution. An attempt will be made to resolve the problem or create a compromise. If a satisfactory resolution is not found, the conflict must be put in writing and submitted to the Board for resolution.

If a conflict should arise between the volunteer or client and the Office Manager, the volunteer/client should first try to resolve the problem with the Office Manager. If a resolution cannot be reached, then the conflict must be put in writing and submitted to the Board for resolution. If the volunteer/client feels uncomfortable discussing the conflict with the Office Manager, he/she may address the President of the board.

**9. Termination of Volunteers.**  Grimes Volunteer Support Services reserves the right to terminate a volunteer as a result of:

1. Failure to comply with volunteer policies, rules and regulations.
2. Absences without prior notification.
3. Unsatisfactory attitude, work or appearance.
4. Any other circumstances which, in the judgment of the staff or board, would make continued services as a volunteer contrary to the best interests of GVSS.

Depending on the problem, the volunteer may only be transferred from the specific area of service and reassigned to another area, or the volunteer may be prohibited completely from continuing any volunteer service for GVSS.

If a volunteer decides to terminate his/her relationship with GVSS, the Office Manager should be notified.

10. **Orientation**. All volunteers will be provided an Orientation Packet to include the following:

* Volunteer Name Tag
* Handicapped Parking Tag
* Door Sign Info
* Laminated GVSS Volunteer Driver Information
* Sample Scheduler email for proposed trips
* Apparel Award & Recognition Policy
* Mission/Vision Statements
* Incident Report
* Volunteer Policies

**11. Insurance.** The Grimes Volunteer Support Services does carry insurance that will cover volunteers, clients and property damage while the volunteer is performing an assigned task for the Grimes Volunteer Support Services. If an injury/incident should occur, the volunteer should notify the Office Manager as soon as possible.

a. **Coverage for Client**

i. Home and Property if damage happens while volunteer is performing services (i.e. a volunteer is cutting branch off a bush and it falls and breaks a window.)

ii. Personal Injury if injured while client is being transported (i.e. car accident)

b. **Coverage for Volunteers**

i. Property (Car) if damage happens while client is being transported (i.e. car accident)

ii. Personal Injury if injured while client is being transported (i.e. car accident)

iii. Personal Injury if injured while performing services at a client’s home (i.e. yard work, companionship, etc.)

c. Requirements for Coverage to be in Place

i. All services must be scheduled/reported to the GVSS office **prior** to the service being performed.

ii. All hours for services must be turned into the GVSS office after the service has been performed.

iii. If an injury/damage occurs the volunteer must notify the Office Manager as soon as possible and complete an Incident Report.

If the volunteer transports a client, proof of auto liability insurance and a current drivers license is needed and must be on file with GVSS.

**12. Acceptance of Gifts.** All volunteers must avoid the receipt of gifts or payments from their client. Upon receipt, gifts should be returned to the client with regrets that GVSS policy prohibits acceptance of gift or payments. Voluntary contributions to GVSS should be sent to the office.

**13. Suggestions/Concerns.** We want your experience with us to be meaningful to both you and those you serve. If you have suggestions or concerns regarding our programs, we are very interested. Please talk to the Office Manager or Board President.

**14. Smoke Free Environment.** The Grimes Volunteer Support Services promotes a smoke-free environment. If you smoke, please don’t smoke while you are on your volunteer assignment. All clients are told that if they smoke, they should refrain from smoking while the volunteer is present. Should a client smoke in front of you, politely remind them to not smoke in your presence.

**15. Tax Deductions.**  Donations to GVSS may be tax deductible. If you choose to donate to GVSS, you will receive a letter documenting your donation. Mileage may also be deductible on your taxes. If you wish to deduct mileage on your taxes, you must turn in your mileage when you turn in your service hours within three days of the service provision. A letter documenting your mileage will be generated at the end of the year upon your request. Please talk to your tax advisor concerning any tax deductions.

**16. Dress Code**  The Grimes Volunteer Support Services expects its volunteers to dress in an assignment appropriate manner. All clothing should be clean and in good repair. Vulgarity and the advertisement of alcohol or tobacco are strictly prohibited. Volunteers should practice good hygiene. In addition, volunteers are expected to wear a GVSS name badge when performing assigned tasks as identification to clients.

**17. Criminal Background/ Driving Record/Child or Elder Abuse Checks**. All potential volunteers will undergo a background check before they can volunteer for GVSS. The background check will be paid for by GVSS. Grimes Volunteer Support Services may perform a criminal background, driving record, or child/elder abuse check on any volunteer at any time. By signing that you have read and understood these policies, you agree that Grimes Volunteer Support Services has permission to perform one or all of these checks on you as it feels necessary.

I have read the application materials (A-I) and the Policies and Procedures and agree to abide by them.

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of volunteer

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**This volunteer application package may be mailed to:**

**GVSS**

**404 SE 2nd Street, Suite 100**

**Grimes, IA 50111**

**info@grimesvss.com**

Adopted: March 20, 2012 Reaffirmed: March 19, 2013 Reaffirmed: Nov. 19, 2013 Reaffirmed: Nov. 18, 2014 Reaffirmed: Nov. 17, 2015 Reaffirmed: Nov. 15, 2016 Reaffirmed: Nov. 21, 2017 Revised: Nov. 20, 2018 Revised: Nov. 19, 2019 Revised: Jan. 19, 2020 Reaffirmed: Jan. 19, 2021

**GRIMES VOLUNTEER SUPPORT SERVICES**

**DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR VOLUNTEERING PURPOSES**

***Please Read Carefully Before Signing the Authorization***

**DISCLOSURE**

In considering you for volunteering **Grimes Volunteer Support Services**

 (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

* a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
* an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

GVSS DISCLOSURE FORM FOR BACKGROUND CHECK #1



**AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize GVSS (Grimes Volunteer Support Services) to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do \_\_\_\_\_\_\_do not\_\_\_\_\_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current* employer for Employment and Reference Verifications. *(Checking* ***“I do”*** *will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature Date

(for searches conducted on minors under

the age of 18)

GVSS DISCLOSURE FORM FOR BACKGROUND CHECK #2

**Personal Data**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

 Current Address City Zip Dates Lived Here

Date of Birth Other Names Used (including maiden name) Years Used

 Social Security Number Driver’s License Number

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Applicant Signature Date

***Once you have been cleared in the background check process, this page will be shredded.***

GVSS DISCLOSURE FORM FOR BACKGROUND CHECK #3