

Project Angel Heart delivers nutritious meals to improve quality of life, at no cost, for those coping with life-threatening illness.



Please submit completed application to Sarah Woolverton-Mohler, Volunteer Resources Manager at Project Angel Heart 4190 Garfield St., Unit 5 Denver, CO 80216 smohler@projectangelheart.org

G R O U P V O L U N T E E R A P P L I C A T I O N

Please PRINT legibly

Date of Application: _____

Main Contact Information

Main Contact's Last Name: _____ Main Contact's First Name: _____

Main Contact's Title: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Cell: _____

E-mail: _____ Website: _____

Emergency Contact: _____ Emergency Contact Phone Number: _____

Group Information

Volunteer groups are important to Project Angel Heart. We ask for this information to be able to provide the best volunteer experience for your group by learning about your specific goals and needs. This information also assists us to become aware of companies, employers and organizations who sponsor days of service, or who are willing to make a contribution to non-profit organizations for time their employees volunteer within the community. Generally, if your company, employer or organization provides grants to non-profits, we are asked to report if any of their employees or group members volunteer with Project Angel Heart in our application for funding.

Group Name: _____ Number of Group Members: _____

Does your group/employer sponsor days of service within the community? ____ Yes ____ No ____ Unsure

Does your group/employer offer employee matching gifts? ____ Yes ____ No ____ Unsure

Is your group interested in volunteering on an annual basis? ____ Yes ____ No ____ Unsure

Is your group interested in volunteering more than once a year? ____ Yes ____ No ____ Unsure

Does your group have internal/external marketing goals for your service project? ____ Yes ____ No ____ Unsure

Who coordinates your marketing/media/public relations? Name: _____ Phone: _____

Would your group be interested in having our Community Outreach Coordinator visit your location to present information about Project Angel Heart and our mission? ____ Yes ____ No ____ Unsure

Group Volunteer Goals

Project Angel Heart truly values the individual experience and motivations of each member of our volunteer team. We feel that we will be better able to serve our volunteers' own unique goals and ensure a positive experience by encouraging an open dialogue with our Volunteer Resources Team.

Please share, in your own words, why your group has chosen to volunteer at Project Angel Heart.

Please share what your group hopes to accomplish through your volunteer service at Project Angel Heart.

Please print the full names of the group members who will be participating:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note that Project Angel Heart will seek to accommodate special requests and interests, but that there may be some limitations in certain areas based on project availability.

Group Volunteer Opportunities	
Please check <u>all</u> volunteer opportunities in which you are interested:	
Volunteer Opportunities / Interests	X
Kitchen Assistant (Various)	<input type="checkbox"/>
Distribution Assistant (Thurs. 10a-12p)	<input type="checkbox"/>
Meal Delivery Driver (Saturdays 12:30-3p)	<input type="checkbox"/>
Special Projects	<input type="checkbox"/>
Special Events	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
<p>Please note that each position may have limitations as far as the number of volunteer positions available. If you have specific numbers of volunteers that you'd like to accommodate during your group's volunteer service at Project Angel, please let us know. Thank you!</p>	

<i>To be completed by Project Angel Heart Volunteer Resources Team only:</i>		
Task	Date Completed	Initial
Volunteer Group Confirmation of Application		
Volunteer Group Project Scheduled For: _____		
Receipt of all Group Participant Forms		
Photos and Acknowledgement		

Group Participant Form

Each member of volunteer group must complete this form in its entirety (pages 3 and 4 of the Group Volunteer Application) and submit upon arrival at your scheduled group project.

Contact Information

Group Name: _____

Last Name: _____ First Name: _____

Nickname: _____ Birthday: _____ / _____ / _____
MM DD YYYY

Address: _____ City: _____ Zip: _____

Hm Phone: _____ Cell: _____

E-mail: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Vehicle Information

(If interested in meal delivery position only):

1) Driver's License #: _____

State: _____

Expiration: _____

2) Insurance Co: _____

Policy #: _____

Expiration: _____

Image Release *(please select one)*

I hereby authorize Project Angel Heart to use photographs of me in promotional materials produced by Project Angel Heart. I understand that my name and address will be kept confidential and will not be distributed. I reserve the right to withdraw my authorization at any time by informing Project Angel Heart in writing. Should I submit a written withdrawal of authorization, I understand that any promotional materials already in process of design or print using my photograph will be considered authorized by me.

I do not authorize Project Angel Heart to use photographs of me for promotional or other materials.

Signature: _____

Date: _____

Volunteer Agreement

I understand that Project Angel Heart is an organization that depends upon its volunteers in order to function efficiently and successfully. Therefore I, as a volunteer, am responsible for the success of this organization. My conduct while performing services reflects the attitude and philosophy of Project Angel Heart and its reputation is dependent upon my words and actions. Volunteer Resources is available and encourages volunteers to ask for clarification and context for any of our policies, and may be reached by calling our *Volunteer Resources Manager* at (303)830-0202 x16.

By signing this Volunteer Agreement, I, _____, agree to abide by each and every policy stated within:

- *Confidentiality*
 - I will respect and maintain all clients' confidentiality.
 - I will establish and maintain appropriate boundaries while volunteering at Project Angel Heart. Appropriate boundaries include:
 - I will refrain from greeting or acknowledging clients outside of Project Angel Heart unless greeted or acknowledged by the client first.
 - I will refrain from wearing Project Angel Heart paraphernalia when volunteering with a client outside of Project Angel Heart. This is most important when delivering meals.
 - I will refrain from imposing religious or political beliefs on clients, staff, donors or anyone with whom I come into contact at Project Angel Heart.
 - I will respect and maintain all volunteer and donor confidentiality.
 - I will respect the confidentiality of conversations I may overhear between staff members.
 - I agree to keep all data received by Project Angel Heart in the strictest of confidence.
 - In addition, I will return and/or destroy any copies of the data received immediately after completing the agreed upon project.
 - I understand that Project Angel Heart holds volunteer, donor and client data in the highest regard and will prosecute anyone who uses donor or client information without permission.
- *Diversity*
 - I will treat all other volunteers, staff, clients, and visitors with respect and will do my best to honor the diversity of people and opinions that I come in contact with.
 - As a Project Angel Heart volunteer, I will not discriminate on the basis of race, color, religion, national origin, age, gender identification, gender variance, sexual orientation, marital status, HIV or other disease status, military status, or physical or mental disability.
- *General Policies*
 - I also agree that during my scheduled time as a volunteer for Project Angel Heart, I will abstain from using alcohol, illegal substances, or other substances that would impair my ability and that I will not volunteer for Project Angel Heart under the influence of any of those.
 - I agree that I shall not drive for Project Angel Heart without a valid driver's license and my own vehicle insurance as required by Colorado state law.
 - I also agree that I will follow physical and food safety guidelines. In the event I do not understand these, I will ask for guidance.
 - I understand that, in the case of an accident or injury, I am fully liable for all associated costs.
 - I understand that Project Angel Heart reserves the right to terminate the services of any volunteer for any reason and at any time without notice.

Signature: _____

Date: _____