



THE GREG JENNINGS FOUNDATION

Dear Volunteer,

Thank you for your interest in becoming a volunteer for The Greg Jennings Foundation. We want to make it as easy as possible to apply as a volunteer. Recognizing our high responsibility to our participants, we require that all who will be working with our participants, staff, and volunteers, fill out a volunteer application. The forms attached will provide the information we need and will enable us to contact you about volunteer opportunities. Thank you again for your interest in The Greg Jennings Foundation. We hope you will find this a satisfying and rewarding experience.

Nicole Jennings: *President and Founder*

Greg Jennings: *Founder*

Ebony Engram: *Director of Programs & Events*

Christine Freed: *Administrative Coordinator*

The Greg Jennings Foundation
141 E. Michigan Avenue, Suite 203
Kalamazoo, MI 49007
GJF@GJenningsFound.org
269.343.6990

Below is a checklist and description of the sections included in The Volunteer Application. If additional space is needed, feel free to attach sheets of paper. Upon completion, please submit to The Greg Jennings Foundation.

➤ **FOR NEW VOLUNTEERS: COMPLETE ALL SECTIONS.**

➤ **FOR RETURNING VOLUNTEERS: COMPLETE SECTIONS 1, 4 & 5.**

Volunteer Application – PLEASE PRINT

- Section 1 – Personal Information – **ALL VOLUNTEERS** - Be as concise as possible.
- Section 2 – Volunteer Profile - **NEW VOLUNTEERS** – Please provide as much information as possible about yourself, your interests, preferences and availability.
- Section 3 – References – **NEW VOLUNTEERS** – Complete all the information requested.
- Section 4 – Release - **ALL VOLUNTEERS** – Carefully read the agreement, including the media release information.
- Section 5 – Code of Conduct & Signature - **ALL VOLUNTEERS** – Carefully read the requirements for conduct. Please print and sign your name.



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2016 Volunteer Application

ALL VOLUNTEERS: Section 1: Personal Information - Please Print.

First Name:	Middle Name:	Last Name:	
Address:	City	State	Zip
Email:	Cell Phone:	Home Phone:	
Date of Birth (MM/DD/YYYY):	Adult T-Shirt Size:		

Why would you like to become a volunteer for The Greg Jennings Foundation?

Please be aware that a background check will be conducted on every potential volunteer.

Have you ever been convicted of ANY crime? ☐ Yes ☐ No If yes, please describe (include date and type of conviction) in the space provided. (Crimes include all misdemeanors and felonies. Do not report minor traffic violations. Driving under the influence is NOT considered a minor traffic violation):

NEW VOLUNTEERS: Section 2 - Volunteer Profile

- In what capacity are you volunteering for The Greg Jennings Foundation?
 - ☐ Parent/Guardian Volunteer
 - ☐ Corporate/Professional Volunteer
 - ☐ Community/Organization Member
 - ☐ College/Graduate Student
 - ☐ Other _____

- Highest Educational Level Completed:
 - ☐ Associates ☐ Bachelors ☐ High School/GED ☐ Some College
 - ☐ Masters ☐ Doctorate
 - ☐ Other _____

- Availability (check all that apply):
 - ☐ Individual Event Basis ☐ Program/Short-term Projects
 - ☐ Spring Only (March-May) ☐ Summer Only (June-August)
 - ☐ Fall Only (September-November) ☐ Winter Only (December-February)
 - ☐ Entire Year (January-December)
 - ☐ Other _____



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- Time Availability (place an "X" in all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

- Volunteer Strengths (please list):

- Have you ever volunteered with children before? ☐ Yes ☐ No. If yes please list where and when.

- Tutoring: • Math • Science ☐ Reading/Writing ☐ Technology ☐ Foreign Language
☐ Sports ☐ After-School Programs ☐ Other _____

- Language(s) you speak other than English?

- Special Needs/Considerations: ☐ Wheelchair Accessibility ☐ City Transportation
☐ Medical _____
☐ Other _____

NEW VOLUNTEERS: Section 3 - References

Please be aware that a background check will be conducted on every potential volunteer. Please provide 3 references (persons of non-relation, such as an employer, pastor, teacher, or friend of family). This information may be used in order to determine your volunteer eligibility.

Reference Name	Relationship	Phone Number
		()
		()
		()



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Name: _____

ALL VOLUNTEERS: Section 4 - Release

Agreement by Volunteer:

Please be advised that I would like to participate as a volunteer to provide support and assistance to The Greg Jennings Foundation. I assume full responsibility for my actions and authorize The Greg Jennings Foundation personnel to act on my behalf in the event of an emergency situation. I hereby release The Greg Jennings Foundation, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities. I represent that I am at least 18 years of age, have read and understand the foregoing statement and that I am competent to execute this agreement.

1. I understand that I am **NOT** obligated to disclose sealed or expunged record of conviction or arrest.
2. I acknowledge and verify that all information provided is true and accurate and that I am the person named above.
3. I authorize and enable The Greg Jennings Foundation to perform a background investigation, which may include, but not limited to, a Criminal Conviction Information Check and Fingerprinting.
4. I understand that the information obtained through the background investigation will be used to determine whether volunteer service will be approved.

Media Release:

I, the undersigned, do hereby consent and agree that the Greg Jennings Foundation, its employees, and agents have the right to take photographs, videotape, or digital recordings of me beginning on (today's date) _____ and to use these in any and all media, now or hereafter known, and exclusively for the purposes of the Greg Jennings Foundation media releases. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release the Greg Jennings Foundation, its employees, and agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording, either for initial or subsequent transmission or playback. I also understand that the Greg Jennings Foundation is not responsible for any expense or liability incurred as a result of my participation in any recording, including medical expenses due to any sickness or injury incurred as a result.

ALL VOLUNTEERS: Section 5: Code of Conduct & Signature

I. Volunteer Roles and Responsibilities are Unique

1. UNDERSTAND that your role is a supportive one. The Greg Jennings Foundation Board & Staff are completely in charge.
2. REMEMBER volunteers are only permitted to work with participants on event grounds and under the supervision of the Foundation Staff. Please dress appropriately and modestly at all times.
3. MAINTAIN foundation confidentiality at all times.
4. DO NOT make promises you cannot keep. Do not be afraid to ask questions that may arise regarding The Greg Jennings Foundation.
5. USE good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one participant/child out of view of other people.
6. REMEMBER physical discipline is absolutely prohibited. Ask the Foundation Board & Staff for assistance with problematic behavior.
7. REPORT immediately to staff persons any physically abusive or sexually exploitive behavior towards participants or volunteers.



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II. Volunteers Take Pride in Being Professional

1. MAINTAIN a constructive attitude. Do NOT under any circumstances make negative comments about The Greg Jennings Foundation, its personnel or volunteers to anyone.
2. BE PROMPT and consistent in your attendance. The foundation depends on volunteers and plans their work accordingly. Participants depend on volunteers even more so it is imperative to arrive to engagements on time. Always notify the foundation as soon as possible if you must be late or absent.
3. KEEP an accurate record of your attendance by signing in each day you volunteer. Also maintain notes and records of meetings.
4. ESTABLISH and maintain constant communication with the Foundation Board and Staff.
5. NEVER be under the influence of drugs or alcohol.
6. DO NOT lend money, contribute or solicit money to anyone on behalf of the foundation.
7. DO NOT use the internet or cell phones inappropriately. Use should be conducive to a professional or educational environment.

III. Health and Safety Are Always Important

1. ALERT foundation staff immediately if anyone has an accident while working with you.
2. REFER any participant, in need of first aid or any type of medication to foundation staff.
3. ALERT foundation staff before volunteering if you have, or have been exposed to, a communicable disease.

THE GREG JENNINGS FOUNDATION RESERVES THE RIGHT TO DISCONTINUE
YOUR VOLUNTEER SERVICES FOR ANY REASON.

By signing this form, you agree to comply with all terms and conditions listed above. Please be aware that a background check will be conducted on every potential volunteer. Upon approval, you will be contacted.

Name Print: _____

Date: _____

Name Signature: _____

Date: _____

Please be aware that a background check will be conducted on every potential volunteer.
Upon approval, you will be contacted.

PLEASE SUBMIT ALL FORMS TO:

The Greg Jennings Foundation

141 E. Michigan Avenue, Suite 203 / Kalamazoo, MI 49007

269-343-6990

GJF@GJenningsFound.org

For Office Use Only:

References Completed: _____ ICHAT Completed: _____

☐ Volunteer Application Approved

☐ Volunteer Application Denied