



DOORWAYS

HOPE LIVES HERE

Group Volunteer Application

Contact Information

Primary Contact: _____ Organization: _____

Email Address: _____

Address: _____

Phone: (____) _____ - _____

Can DOORWAYS leave you a message at this number (check one)? YES NO

What is the best way to contact you (check one)? PHONE EMAIL

Church/Faith Affiliation (if any, optional): _____

Organization Information

Describe your group: _____

How many volunteers are in your group? _____

Are any members of your group below 18 years of age?* YES NO

*A Parental Consent Form will need to be signed by a Parent/Guardian prior to the starting date of your service.

Availability

What kind of commitment you are looking for? Give us more details about what you would like from your service experience.

Start Date: ___/___/_____

End Date: ___/___/_____

Flexible? Yes No

Please rate the following volunteer opportunities on a scale of one to five:

1= Not interested at all 3= Mildly interested 5= Very interested

- ___ Gardening Helpers ___ Activities Assistants ___ Special Event
- ___ Cleaning/ Organizing ___ Children’s Tutor (groups volunteering a semester or longer)
- ___ Other: _____

Volunteer Interest Questions

1. Why does your group want to volunteer at DOORWAYS? _____
- _____
- _____
2. What skills, training or hobbies do you possess that would make you great volunteers for DOORWAYS?
- _____
- _____
- _____
3. What accommodations (if any) do you need to ensure your success as a DOORWAYS volunteer group?
- _____
- _____

Next steps for becoming a volunteer group:

All volunteer group leaders must submit the application to volunteer@doorwayshousing.org and they will be contacted by a DOORWAYS’ representative. DOORWAYS will assess each group interested in volunteering based on availability and overall fit with the Agency’s mission. The organization holds the right to decline any volunteer group.

Accepted groups must undergo a volunteer orientation and training session on the first day of their assignment. This includes information on the nature, history and purpose of the agency, requirements and duties of volunteering, introduction to volunteer positions, safety, building tour, and HIV/AIDS 101 training. Failure to participate in an orientation will result in the rejection of assignment.

All volunteer groups with volunteers under the age of 16 must have a signed Parent/Guardian authorization form and provide an adult chaperone **on-site** to watch over anyone underage.

Your signature acknowledges that the information that you’ve provided is accurate and that you have read, understand, and agree to the terms of volunteering at DOORWAYS.

Group Leader Signature _____ Date ___ / ___ / _____