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Example

Dear [College Student Volunteer],

Families

The _____ is a coalition of a diverse group of college students who promote youth volunteerism and civic engagement on various campuses. We are a strong network of future community leaders, offer many lecture and shadowing opportunities and we invite you to consider becoming a member!

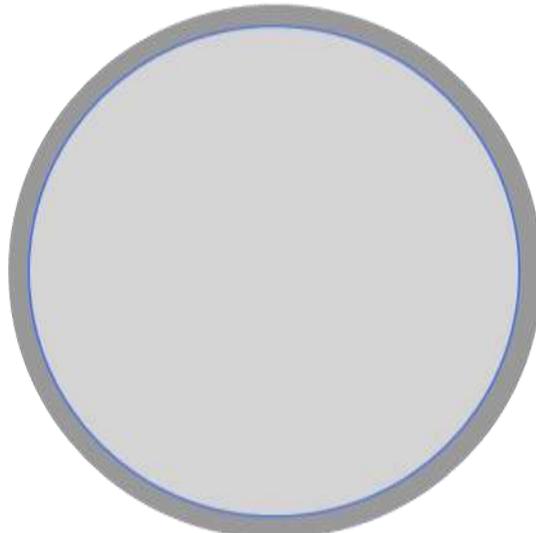
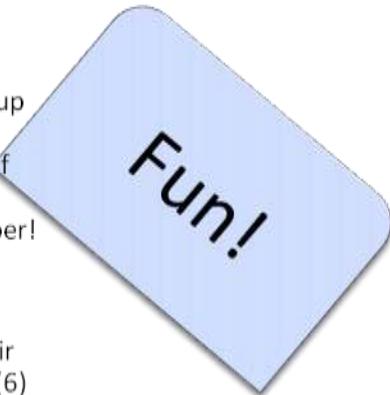
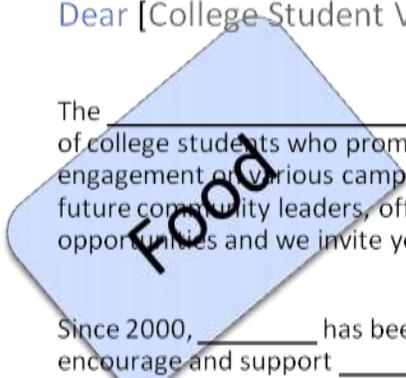
Since 2000, _____ has been implementing our mission to encourage and support _____'s youth in strengthening their communities through service and volunteerism. We meet six (6) times throughout the year at various locations. _____ members range in ages from 18 – 24, representing many colleges and universities in the state. Although members are not compensated for travel expenses, many schools support members' efforts by reimbursing any costs associated with council participation.

YOU can truly make a difference in improving the quality of life and meeting the needs of your community by joining _____.

I encourage you to take advantage of this opportunity!

Yours in Service,

[A commissioner, ED, board member or chair]



4th Annual Family Fest!

Saturday, July __, 2012

2:00pm-8:00pm

123 Street, Anytown

Come and celebrate the end of summer with your neighbors at _____ Middle School!

Program includes co-ed, friendly soccer and basketball games, a display of artwork by student and senior center artists, followed by an open talent show.

All your favorite fair food will be available and proceeds benefit

Volunteers get free hotdogs and drinks!

Volunteer positions available: **A perfect family volunteer opportunity!**

Children's booths and games
Seating set up/take down
Talent show set up
Lost and found table

Face painting
Parking
Bounce house
Referees

Art exhibition
Food concessions
Petting zoo
Registration

Please contact Sue at 333-333-3333 by **July 17th** to reserve your volunteer spot!

A quick volunteer orientation will be at 1:30pm

See you on Saturday!

[*Example*]

Are YOU prepared?

- What about your family? Community?
- Is your Business Continuity Plan current?
- Is your Evacuation Plan current?
- Your staff and volunteer disaster roles, procedures and protocol?
- Any changes to your staff, capacity or organization structure?
- **Time to get organized and take action.**

VOAD (Voluntary Organizations Active in Disasters)

- We will facilitate a discussion about roles and responsibilities for voluntary organizations active in disasters (VOAD).
- **The information will be compiled for publication. Please come prepared to speak about your organization's role in disaster Mitigation, Response and/or Recovery.**

Day: Friday, June ____, 2012

Time: 1000 to 1145 hours.

Place: County Administration Building,
123 Main Street, 5th Floor, EOC

Host: VOAD steering committee
and County Emergency Management

RSVP: Major. Hermes – Communications Coordinator
333.333.3333 (after 1800 hours);
HermesJR@____.org

[Example]

Are You Disaster Ready?

Learn how you and your family can raise awareness and get prepared!

host a fun, neighborhood party!!



ready.mt.gov

Volunteer to help organize a **Disaster Preparedness Training** in your community. The Governor's Office of Community Service can help sponsor your local event!

- ⇒ Get a Kit
 - Build an emergency supply kit
- ⇒ Make a Plan
 - Map Your Neighborhood
- ⇒ Be Informed
 - Share local information & register to volunteer



**For more information
please call 406-444-9077
or email
servevolunteer@mt.gov**

[Example]



*In honor of the Dr. Martin Luther King, Jr.
National Day of Service*

Saturday, February __, 2013 9:30 AM. to 1:30 PM.

➔ **Riverside Community Center**

Route 111 and 34th Street, Anytown

Teams of teen, college students, and RSVP volunteers will visit the homes of senior citizens in the Riverside community to assess their home safety needs. Volunteers may select up to \$100 in items from the home safety inventory list to donate to the senior homeowners. Pick up the inventory at the Community Center and return to the senior's home to deliver items such as smoke alarms, fire extinguishers, flashlights, standing floor fans, space heaters, and more. All items are provided completely free of charge to the residents.

For more information, please call (333) 333-3333
or email us at volunteers@something.org

Volunteers are asked to arrive at the Community Center by **9:30 AM**
to take the Age Sensitivity training course.

[*Example*]

ONE DAY TRAINING OPPORTUNITY

Corporate Volunteering;

Delivering to the Corporate Sector

This one day program is being brought to your community through the _____ group, and focuses on the key success factors for strengthening and expanding employee volunteer programs based on the Standards of Excellence strategy.

Find out how employee volunteering can benefit the **company**, the **employees**, and the **community**. Learn strategies for approaching businesses in your community to engage them in corporate volunteering. This interactive one-day boot camp is designed to develop the capacity to provide strategic consultation services to businesses. Find out how to market yourself and your services to corporate clients and manage the relationship for long-term success in the business sector!

Who should attend? If you:

- currently work with corporate community partners
- want to establish a corporate program
- plan to work with businesses and employee volunteering
- are looking for ways to market your services to the corporate community
- want to expand your corporate services
- plan to offer consulting services to businesses
- plan to approach local businesses for funding

...YOU SHOULD ATTEND

August 21, 2012

9AM - 2PM

Community Center

123 Main Blvd

Anytown

(333) 333-3333

Reservation deadline: August 7, 2012

Rate: \$300 (non collaboration members)

Rate: \$30 (members, registered volunteers)

Contact Martha, Martha@something.org

MCCLELLAND'S SOCIAL MOTIVATORS

Adapted from **The Volunteer Development Toolbox**, 1993

Assessment tool:

Mark the statement that most closely matches your preference, most of the time.
There are no wrong answers.

- 1 ___ a. When doing a job, I prefer to have specific goals.
 ___ b. I prefer to work alone, and I am eager to be my own boss.
 ___ c. I feel a little uncomfortable when forced to work alone.

- 2 ___ a. I go out of my way to make friends with people.
 ___ b. I enjoy a good debate.
 ___ c. After starting a task, I am not comfortable until it is completed.

- 3 ___ a. I enjoy offering advice to others.
 ___ b. I prefer to work in a group.
 ___ c. I get satisfaction from seeing tangible results from my work.

- 4 ___ a. I work best when there is some challenge involved.
 ___ b. I would rather give direction than take direction from someone else.
 ___ c. I am sensitive to others – especially when they are mad.

- 5 ___ a. I like being able to influence decisions.
 ___ b. I accept responsibility eagerly.
 ___ c. I try to get personally involved with my superiors.

- 6 ___ a. I place importance on my reputation or position.
 ___ b. I have a desire to outperform others.
 ___ c. I am concerned with being liked and accepted.

- 7 ___ a. I enjoy and seek warm friendly friendships.
 ___ b. I attempt complete involvement in a project.
 ___ c. I want my ideas to predominate.

- 8 ___ a. I desire unique accomplishments.
 ___ b. It concerns me when I am being separated from others.
 ___ c. I have a desire to influence others.

- 9 ___ a. I think about consoling and helping others.
 ___ b. I am verbally fluent and persuasive.
 ___ c. I am restless and innovative.

- 10 ___ a. I set goals and think about how to attain them.
 ___ b. I think about ways to change people.
 ___ c. I think a lot about my feelings and the feelings of others.

MCCLELLAND'S SOCIAL MOTIVATORS

Answer Key. Compare your answers and mark the appropriate motivation for each. Then, tally your answers at the bottom. Which social motivator is most prevalent?

1. <input type="checkbox"/> a. Achievement <input type="checkbox"/> b. Influence <input type="checkbox"/> c. Affiliation	5. <input type="checkbox"/> a. Influence <input type="checkbox"/> b. Achievement <input type="checkbox"/> c. Affiliation
2. <input type="checkbox"/> a. Affiliation <input type="checkbox"/> b. Influence <input type="checkbox"/> c. Achievement	6. <input type="checkbox"/> a. Affiliation <input type="checkbox"/> b. Achievement <input type="checkbox"/> c. Influence
3. <input type="checkbox"/> a. Influence <input type="checkbox"/> b. Affiliation <input type="checkbox"/> c. Achievement	7. <input type="checkbox"/> a. Achievement <input type="checkbox"/> b. Affiliation <input type="checkbox"/> c. Influence
4. <input type="checkbox"/> a. Achievement <input type="checkbox"/> b. Influence <input type="checkbox"/> c. Affiliation	8. <input type="checkbox"/> a. Affiliation <input type="checkbox"/> b. Influence <input type="checkbox"/> c. Achievement
5. <input type="checkbox"/> a. Influence <input type="checkbox"/> b. Achievement <input type="checkbox"/> c. Affiliation	9. <input type="checkbox"/> a. Achievement <input type="checkbox"/> b. Influence <input type="checkbox"/> c. Affiliation

Tally your numbers:

ACHIEVEMENT: _____

INFLUENCE: _____

AFFILIATION: _____

RECOGNITION AS A RETENTION STRATEGY

101 ways Montanans can recognize volunteers

1. Smile
2. Put up a volunteer suggestion box
3. Treat to a soda
4. Reimburse assignment related expenses
5. Ask for a report
6. Volunteer Appreciation Day
7. Thank you letter form the Board of Directors
8. Plan annual ceremonial occasions
9. Send a birthday card
10. Arrange for discounts
11. Give service stripes
12. Send a note about them to *serve.mt.gov*
13. Maintain a coffee bar
14. Invite to staff meeting
15. Recognize/accommodate personal needs and problems
16. Be pleasant (even when you don't want to be)
17. Provide a babysitter or even a nursery
18. Post "Volunteer of the Week/Month/Year" in the reception lobby
19. Greet by name
20. Send a Thanksgiving Day card to the volunteer's family
21. Respect their wishes
22. Give informal teas
23. Keep challenging them
24. Take the time to explain and include volunteers
25. Provide pre-service training
26. Help develop self confidence
27. Award plaques to sponsoring groups
28. Be verbal
29. Motivate agency VIPs to converse with volunteers
30. Give volunteers notice about upcoming changes and events
31. Make sure they know your office door is open to them
32. Afford participation in team planning
33. Respect sensitivities
34. Enable to grow on the job
35. Enable to grow out of the job
36. Give additional responsibility and access
37. Provide free training, professional development opportunities and seminars related and unrelated to their volunteer assignments
38. Send newsworthy organization to the media
39. Have wine and cheese tasting parties for volunteers
40. Host a volunteer and staff potluck
41. Create a pleasant surroundings
42. Welcome to staff coffee breaks
43. Celebrate volunteer achievements in public
44. Enlist to mentor new recruits
45. Have a public reception
46. Take time to talk
47. Keep your promises and appointments
48. Articulate plans clearly and early
49. Send to a meeting as a representative of your agency
50. Take/make time to talk and to answer volunteers' questions
51. Defend against hostile or negative staff
52. Commend to supervisory staff

53. Recommend to prospective employer
54. Send a valentine
55. Admit to partnership with paid staff
56. Provide scholarships to volunteer conferences or workshops
57. Offer advocacy roles
58. Say thank you, and reaffirm what their work means to you, the agency, the clients and the community at-large
59. Provide opportunities to attend meetings or conferences with staff
60. Recommend that amazing volunteers apply for the Board of Directors
61. Utilize as consultants
62. Write thank you notes after projects, or just in appreciation
63. Invite participation in policy formation
64. Surprise with coffee and cake
65. Celebrate outstanding projects
66. Carefully match volunteer with job
67. Praise volunteers to their friends
68. Always say goodbye or goodnight
69. Plan staff and social events
70. Provide useful tools
71. Give access to the office machines and supplies
72. Rent a billboard for public laudation
73. Accept volunteers' individuality
74. Be honest and open with volunteers
75. Provide opportunities for evaluation
76. Maintain a meaningful file
77. Remind volunteers of their past accomplishments
78. Plan occasional extravaganzas
79. Utilize purchased newspaper space for recognition
80. Post a thank you on your website or Facebook page
81. Send a letter of appreciation to their employer, or family
82. Plan a "Recognition Edition" of your agency newsletter
83. Color code name tags to indicate particular achievements
84. Compliment your volunteers in front of them
85. Notice changes
86. Say "we missed you"
87. Distinguish between groups and individuals in the groups
88. Maintain safe working conditions
89. Walk volunteers to their cars, if at night
90. Be patient if asked to answer the same question many times
91. Award special citations for extraordinary achievements
92. Fully indoctrinate regarding the agency
93. Ask them to represent your agency for a radio interview
94. Be familiar with the details of their assignments
95. Be willing to speak on a volunteer's behalf, if asked
96. Conduct community-wide, inter-agency recognition events
97. Plan a theater party
98. Maintain a detailed service record on each volunteer
99. Host an outdoor party in the park
100. Smile and say "we couldn't have done this without you"
101. Say "thank you!"

Date Submitted

Nomination Category (Please select one)

		<p>For service and volunteerism in the areas of education, healthy futures, environmental stewardship, veterans & military families, and economic opportunity</p>
		<p>For service specifically related to disaster services, emergency preparedness, and emergency response</p>
		<p>For outstanding volunteers (individuals, groups, organizations, or businesses) that promote Math and Science education in Montana</p>

Nominee Information

Name/Organization	
Address	
City/State/Zip	
Day Phone	
Email	
Service Activity	
Service Location(s)	

Nominee Type

	Organization
	Group of Individuals
	Educator
	Youth or Young Adult (under age 25)
	Adult (ages 25-54)
	Adult (ages 55+)
	National Service Member (AmeriCorps State, AmeriCorps VISTA, AmeriCorps National, Learn and Serve, Senior Corps) Please Specify:
	Other- Please Specify:

Contact Information for person submitting the nomination

Name	
Organization	
Address	
City/State/Zip	
Day Phone	
Email	
Relationship to Nominee	

Please list three words that describe the nominee

1.	2.	3.
----	----	----

Nominee References

Please provide two (2) references that can verify or give additional information on the nominee's service activities. (References may not include the nominee, nominator, or any person related to the nominee.)

Reference 1		Reference 2	
Name		Name	
Relationship to Nominee		Relationship to Nominee	
Email		Email	
Day Phone		Day Phone	

Photos

If possible, please attach photos (no more than 2) of the nominee relating to his/her/their service activity. When sending photos, please include the nominee's name in the title of the photo. Please note that any photos submitted become property of the Governor's Office of Community Service and may be used during the ServeMontana Symposium. (Photos are not required for nomination.)

Photo Submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Photo Caption					
People Pictured					
Photo Credit					

Nomination Narrative

Describe why you are nominating this individual or organization. Please include information about the type of service or volunteering the nominee does. Please keep narrative to under 300 words.

Submission Instructions:

Please submit your nomination form and any other materials to ServeMontana, the Governor's Office of Community Service.

- Email to serve@mt.gov (preferred)
- Fax to 406-444-4418
- Mail to:
 - Governor's Office of Community Service
 - PO Box 200801
 - Helena, MT 59620

The Governor's Office of Community Service will contact you confirming receipt of your nomination. If you do not hear from us within 24 hours please call 406-444-9077 to confirm the nomination form arrived.

All nominations for the 2012 Awards must be received by **December 21, 2011**. Awards will be presented during the annual ServeSymposium in Helena February, 2012.

For more information, please visit serve.mt.gov or call 406-444-9077.

Thank you for your nomination- together, we can make a difference!

These awards are brought you by:



ADULT VOLUNTEER REGISTRATION TEMPLATE

Adult Registration Form (Example 1)

Agency Name

112 Main Street, Anytown, State, Zip * 333-333-3333, Fax: 333-333-3334 * website and email address

Our Mission: _____

Name: _____ Birth date: ____/____/____

Address: _____ City: _____ St: _____ Zip: _____

Daytime phone: _____ Email: _____

How did you hear about (Agency): _____

Please a non-family reference that we may contact:

1) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Can you perform all the tasks outlined in the job description?

Please list hobbies and/or talents that you might be willing to share _____

I understand that all the information on this form is voluntarily supplied and may be used and disclosed for volunteer purposes only. I also agree to release and hold harmless the staff, the volunteers, and the board of directors of (Agency) from any and all liability for disclosing this information to agencies and their agents who request volunteer assistance, or injury incurred while on volunteer assignment. I hereby volunteer my services and understand that I am not a paid employee of any agency or group to which I may accept assignment, nor am I an employee of (Agency). By becoming a volunteer, I understand that I will have the opportunity to participate in many individual and group volunteer projects. By signing this application, I grant permission for participation in events without requiring additional permission forms. I also grant (Agency) permission to use photographs taken of me at volunteer activities for publication to promote volunteerism.

Applicant's Signature (18 years and older)

Date

ADULT VOLUNTEER REGISTRATION TEMPLATE

Adult Registration Form (Example 2)

Agency Logo	123 Main Street	Anytown, State
	P: 333.333.3333	F: 333.333.3334
	Agency@mail.org	www.Agency.org

Adult Volunteer Form

First name: _____ Last name: _____

***E-mail Address:** _____

Please print clearly and use a valid, active e-mail account as it will be the primary form of communication used to inform you of upcoming service opportunities.

Contact information:

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell: _____ Fax: _____

Personal References: Please list two personal references whom we can contact.

Name: _____ Relation: _____ Phone: _____

Address _____

Name: _____ Relation: _____ Phone: _____

Address _____

Terms of Agreement:

I understand that all information on this form is voluntarily supplied and may be used and disclosed for volunteerism purposes only. I also agree to release and hold harmless the staff, staff volunteers, and board of _____ (also known as _____) from any and all liability for disclosing this information to agencies, their agents, or for any other inquiry incurred while on a volunteer assignment. I hereby volunteer my services and understand that I am not a paid employee of any agency or group to which I may be assigned, nor an employee of the referring agency. This application may be reviewed by representatives of _____ County and/or other funding sources for the purposes of monitoring and evaluation only.

Applicant's signature

Date(MM/DD/YY)

*Completed applications can be mailed to _____
Thank you for registering with _____. Once your application has been received you will receive a confirmation e-mail and additional e-mails will be sent 2x/week with a list of service opportunities.

YOUTH VOLUNTEER REGISTRATION TEMPLATE

Youth Registration Form (Example 1)

Name _____

Phone (Home) _____ (Work/Mobile) _____

Address _____

Street

City

State

Zip

Grade _____ School _____ Date of Birth _____ M/F _____

Hobbies, Interests, Skills

Previous Volunteer Experience

What types of volunteer work interests you?

Do you have access to an automobile you can use for volunteer work? If not, what type of transportation would you have available (parent/guardian, friend, bus, other)?

How did you hear about our agency? _____

Person to contact in case of emergency _____

Relationship to person _____ Contact phone _____

Volunteer Agreement *By submitting this application, I affirm that the facts set forth in my application for volunteering are true and complete. Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered confidential.*

Applicant Signature _____ Print: _____ Date _____

Parent Signature (If volunteer under 18) _____ Date _____

YOUTH VOLUNTEER REGISTRATION TEMPLATE

Youth Registration Form (Example 2)

Agency Name/Logo

112 Main Street, Anytown, State, Zip

Phone: (333) 333-3333, Fax: (333) 333-3334

Name _____

Email _____

Mailing Address _____

Birth Date ____/____/____ Male/Female

City: _____ State: __ Zip: _____

School _____ Grade _____

Home Phone _____

Please list hobbies and/or talents that you might be willing to share _____

How did you hear about our agency? Friend Newspaper School TV Magazine

Do you belong to other school, church, or civic clubs? Please list:

Please list a personal reference to whom we can contact.

Name _____

Address _____

City _____ ST _____ Zip _____

I understand that all the information on this form is voluntarily supplied and may be used and disclosed for volunteer purposes only. I also agree to release and hold harmless the staff, the volunteers, and the board of directors of (Agency) from any and all liability for disclosing this information to agencies and their agents who request volunteer assistance, or injury incurred while on volunteer assignment. I hereby volunteer my services and understand that I am not a paid employee of any agency or group to which I may accept assignment, nor am I an employee of (Agency). By becoming a volunteer, I understand that I will have the opportunity to participate in many individual and group volunteer projects. By signing this application, I (parent/guardian, if volunteer is under 18) grant permission for participation in events without requiring additional permission forms. I also grant (Agency) permission to use photographs taken of member at volunteer activities for publication to promote volunteerism.

Youth Applicant's Signature and Date

Parent/Guardian's Signature and Date

AGENCY VOLUNTEER REQUEST

(For when other agencies request volunteers from your organization)

Volunteer Request Form

Agency Logo & Address

Date of Request _____ Will you accept volunteers, ages 12 – 18 ? _____

Will you accept youth, ages 8 – 11? _____ Adults? _____

Will you accept family volunteers (parents supervising children)? _____

Group/Organization Name _____

Is this a 501(c) (3), not-for-profit organization? Yes No

Contact Person (Volunteer Coordinator): _____

Mailing Address : _____

Phone: _____ Fax: _____

Email address: _____ Preferred contact: Email Phone

For Special Events and Short Term Projects

Name of Event/Project : _____

Date(s) and Time(s) of Event/Project: _____

Location of Event/Project: _____

Volunteer Skills Necessary : _____

For On-going Needs and Long-Term Programs

Days and Hours when Volunteers are Needed _____

Program Location _____

Volunteer Skills Necessary _____

Is training provided? _____ Refreshments for Volunteers? _____

If there is a high level of risk, will your organization assume insurance responsibility? Yes

FAX Volunteer Request Form to: 333-3334

SAMPLE VOLUNTEER LIABILITY RELEASE FORM

Volunteer Liability Release Form (Example 1)

(Note: All liability forms should be reviewed by a lawyer)

In consideration of my desire to serve as a volunteer in relief efforts to be conducted by _____ I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of _____.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge _____ and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of _____, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: _____ Signature: _____ Print Name: _____

SAMPLE VOLUNTEER LIABILITY RELEASE FORM

Performance Authorization, Release, and Waiver of Liability (Example 2)

(Note: All liability forms should be reviewed by a lawyer)

In consideration of the permission granted to me by (Agency) to participate and/or have my video, audio, photographic and other copyrighted materials used (hereinafter referred to, collectively, as “My Participation”) in the (Project/Program) , I hereby release (Agency) , the State of , the Board of Directors, (Partner A) , (Partner B) , and their officers, employees and agents from all actions, damages, or claims which I or my assigns may have against them which may be incurred as a result of My Participation in the above-described Program.

Further, I agree to indemnify and hold harmless (Agency) , the Board of Directors, (Partner A) , (Partner B) , and their officers, employees and agents from any liability, loss or expenses arising from any claim or litigation that My Participation in the Program including my statements or actions, or material furnished by me violated or infringed the rights of third parties.

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by (Agency) , the Board of Directors, (Partner A) , (Partner B) , and their officers, employees and agents in connection with any use of a product arising out of My Participation in the above-described Program. I authorize (agency) to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that (Agency) , (Partner A) or (Partner B – etc) has no obligation to air the Program, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by (Agency) under the provisions of (State) Statutes.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Performance Authorization, Release, and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant

Date

Witness

Printed Name

Signature of Guardian

Date

Witness

Printed Name

SAMPLE VOLUNTEER LIABILITY RELEASE FORM

Parental Consent Form (Example 3)

(Note: All liability forms should be reviewed by a lawyer)

* If you 18 or over, you do NOT need a parental consent form.

I, the parent or guardian of _____, give my voluntary consent to his/her participation in (Agency) 's (Program Name) , (Dates) .

I hereby release (Agency), the State of _____, the Board of Directors, (Partner A) , (Partner B) , and their officers, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release (Agency), the State of _____, the Board of Directors, (Partner A) , (Partner B) , and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

(_____)
Phone Number

Participation Waiver

In consideration for participating in (Project) , during (Dates), I assume responsibility for all my actions while at (location) , facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or (Agency) staff and volunteers.

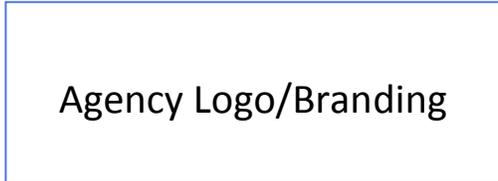
Furthermore, I (Agency) , the State of _____, the Board of Directors, (Partner A) , (Partner B) , and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

Signature of Participant

Printed Name

Date

SAMPLE REFERENCE FORM



Sample Reference Form

Applicant: _____ **Date:** _____

- 1. How long have you known this applicant? _____
- 2. In what capacity have you known the applicant? _____

Please rate the applicant by circling the number that best answers the question

3. How well do you know the applicant?

Very Well Very little
10 9 8 7 6 5 4 3 2 1

Comments:

4. How does the applicant interact with others?

Very Well Distant
10 9 8 7 6 5 4 3 2 1

Comments:

5. How does the applicant assume responsibility?

Excellent Poor
10 9 8 7 6 5 4 3 2 1

Comments:

6. Circle all of the following that apply to the applicant:

- | | | | | |
|-------------|------------|-------------|---------------|-----------|
| Domineering | Nervous | Friendly | Temperamental | Happy |
| Leader | Aggressive | Cooperative | Reserved | Confident |

Signature/Date: _____

Name/Title: _____

Would you recommend this applicant? _____

SAMPLE PRESS RELEASE

Press Release Sample (Example 1 – on your letterhead)

FOR IMMEDIATE RELEASE

CONTACT: Jane Doe

November 26, 2012

333/333-3333 x333

janedoe@mail.org

Service Projects on Martin Luther King Holiday

(Anytown, USA) -- (Agency) today announced a variety of service activities scheduled in connection with Martin Luther King Holiday on January __, 2014. These projects will involve nearly 20 nonprofit organizations and public agencies as part of (Agency)'s annual effort to transform the holiday into a national day of service.

“Serving our neighbors and communities is the most elegant way to celebrate a leader who worked so tirelessly in his commitment to others.” said Jane Doe, Executive Director of (Agency). “Since 1994, the entire country has observed MLK Day as a day on, not a day off. Volunteers across the county will once again spend the holiday serving meals to the needy, refurbishing homes, training tutors, and, most appropriately, reflecting on the life and teachings of Dr. King.”

Added Doe: “This is a perfect opportunity to remember a great American by being one.”

- (Agency or Volunteers) will package and deliver Disaster Meal Kits to 75 households.
- (Agency or Volunteers) will host blood and bone marrow drives throughout the area.
- (Agency or Volunteers) will construct a playground in Heritage Park, a collaborative project involving 4 local agencies, 5 communities of faith, and 60 volunteers.
- (Agency or Volunteers) will rehabilitate homes of elderly people in a deteriorating local neighborhood, in collaboration with county elderly services and 2 local high schools.
- (Agency or Volunteers) will launch (), a mentoring initiative at (X) Elementary.

(Agency) provides opportunities for people of all ages and backgrounds to serve their communities through a variety of one day and long term initiatives. Working with nonprofits, faith-based groups, schools, and local agencies, (Agency) engages neighbors in meeting critical needs in education, the environment, public safety, homeland security, and other areas.

For more information, contact Jane Doe, at 333/333-3333, or janedoe@mail.org

SAMPLE PRESS RELEASE

Press Release Sample (Example 2 - on your letterhead)

For Immediate Release

October _____, 2013

Contacts:

Jane Doe (333) 333-3333

Big Corporation: John L'Doe, (222) 222-2222

University X: Jacob Del Doe, (999) 999-9999

(Celebrity, Local or National, Past or Present) Honors (Agency)

Local Group wins Prestigious Award

Anytown, State. October _____, 2013 – With an eye toward ensuring that America's young people have the resources they need to be successful, (celebrity), a long-time advocate of volunteer service, personally honors leaders for their commitment to children and youth during a luncheon today at (location).

The (_____) Award, presented jointly by (celebrity) and sponsored by (University) and/or (Corporation), recognizes people in their commitment to children and youth. "Our children are worth the investment," said John L'Doe, Community Relations Manager at **Big Corporation**.

"For future leaders of America, we challenge the current ones to make young people the top priority," said Jacob Del Doe, **University X** Student Outreach Coordinator and host of today's honorary luncheon. "The passion and vision demonstrated by (Agency) serves as an inspiration to each of us to try harder."

The award will be presented by (celebrity) along with (local elected official). Jared Doo, Media Representative and Sir. J. Doerton, a board member, will keynote the event.

This is a ticketed event. Tickets are available at The College X (100 College Drive), JDOE Radio Station (500 Main Street,- Suite 5000), and the Big Corporation lobby (120 High Tower Drive).

For more information about (celebrity), the individual award winner and nominees, please visit www.bigaward.org

SAMPLE PRESS RELEASE

Press Release Sample (Example 3 - on your letterhead)

May 28, 2012

Media Contact: Jane Doe 333-3333 or 333-3334

FOR IMMEDIATE RELEASE

Youth Volunteers to Clean Up Park

In response to the Letter to the Editor (May 28), (Agency) and (Partners) will team up to clean (_____) Park on Wednesday, May ____ from 9 am to noon.

"The park clean-up will be our first collaborative project this summer," said Jane Doe, (Agency)'s Youth Director. "We have enjoyed a long partnership with (Partner), engaging the members of Riverside Community each summer."

"Youth are encouraged to identify community needs and volunteer to help," said Jonas Doemer, Executive Director of (Partner). "After reading the letter in The Herald written by a visitor who was disappointed with the upkeep at the park, we thought we should tend to it immediately," he added.

Volunteers can meet at the "(_____) Park" sign, located at the north end of 112 Street, next to the pine tree. Supplies can be picked up at that site.

For more information, call (Agency) 333-3333 or email contact@agency.org.

SAMPLE PRESS RELEASE

Press Release Sample (Example 4 - on your letterhead)

FOR IMMEDIATE RELEASE

December 29, 2014

John Doe - Media Liaison for ESF-15, Volunteers and Donations Division of Emergency Management:

333.333.3333 ext. 334 / J.Doe@ESF15.county.state.gov

Re: Neighborhood Emergency Procedure Drill

With the support of 2 fire stations, 3 local CERT (Citizen's Emergency Response Team), and 2 state AmeriCorps groups, (County) will be hosting evacuation drills for the residents of 3 neighborhoods in January. The public is not only welcome, but encouraged to attend. In addition to the drills, information sessions, and basic safety trainings, there will be various demonstrations by professional responders, music, and games for children. 20 Emergency Kits will be given out as door prizes at each event.

- On January 19, from 0900-1400, local, county, and state personnel will be in the **Riverside** community's Pride Park.
- On January 23, from 0900-1400, local, county, and state personnel will be in the **Hillview** community's Memorial Park.
- On January 24, from 0900-1400, local, county, and state personnel will be in the **Thicket** community's Historical Park.

Each of these parks will serve as a meeting place in the aftermath of a disaster, where residents will be able interface with emergency personnel and receive updates.

"Let's get to know each other, and what to expect from one another in the event of an emergency BEFORE we are faced with one," said John Doe, Media Liaison for the ESF-15 of (County's) Emergency Management. Pamphlets and local resource guides will be distributed, and are available all year at www.county.gov/emergencymanagement.

POSITION DESCRIPTION TEMPLATE

Position Title: _____

Reports to: _____

Position Overview: _____

Agency Purpose Statement: _____

Specific Tasks:

1.

2.

3.

4.

5.

Time Commitment: _____

Qualifications: _____

Skills Required: _____

Training Required: _____

Features and Benefits: _____

Other: _____

Example 2: Day of the Event Position Descriptions

Thank you for participating in our “A Night Before Christmas Event”!

Goal: To provide an active, outdoor, and fun event for families.

Time: 3:15 p.m. – 7:30 p.m.

Volunteer Sign-In

- 📍 **Location** – Once you arrive at 3:15 p.m., sign-in will be located at the pavilion in the playground area. Please sign-in and report to your assigned location.

Volunteer Roles:

- 1. Welcome Booth (3 people)**
 - 📍 Once you have signed in, you will go to the entrance of the event venue. There are two points of entry at this event, either side of the skate park. You will greet and pass out event programs to participants as they enter. You may want to point to where wristband sales are being sold and let them know where Santa is landing (baseball field). Santa lands at 4:00 p.m., and kicks off the event.
- 2. Wristband Sales (4 people)**

Assist Jill and Jack – Once you have signed in, you will report to the tent located near the entrance of the venue where wristband sales will take place. One volunteer will assist Jill and one will assist Jack by putting the wristbands on children. Please familiarize yourself with the schedule, to answer questions.
- 3. Inflatables (12 people)**

Two Bounce Houses and 18’ Slide – Once you have signed in, go to the fenced playground area. All inflatables will be set up in this location.

 - o **Bounce House** (wristband is required) – Participants required to take off their shoes prior to entering the bounce house. The 15’ x 15’ bounce house will be for children ages five and under (there will be signs displayed with this information) You will allow up to eight children in the bounce house at a time for one to two minutes, depending on the length of the line.
 - o **18’ Slide** (wristband is required) – Participants required to take off their shoes prior to entering the slide. The volunteers will stand at the entrance of the slide and allow one child at a time to enter. Once that child has reached the top of the slide and is seated to slide down you can allow the next child to enter.
- 4. Face Painting (6 people)**

The Artistic Ones (wristband is required) – Once you have signed in, you will go to the pavilion located beside the fenced in playground area. All supplies will be located there and ready for you to set-up: paint, paint brushes, water cups, mirror, wipes, etc. Some ideas for face painting: Santa, candy canes, snowflake, Rudolph, wreaths, ribbons, stars, trees, sleigh, presents, etc. Be creative and have fun.

Example 1: Simple Project Budget

Youth-led Research on Civic Engagement Grant

Candidate Forum to be hosted by Youth Council	\$3,000
(food, displays, invitations, tent, equipment etc.)	
Coordinator (for 4 month program)	10,000
(Project Coordinator, 33% salary)	
Postage	300
(surveys, newsletters, invitations, etc.)	
Printing	2,000
(banners, signage, flyers, posters, reports, surveys, etc.)	
Recognition	200
(certificates, party, etc. for volunteer research team)	
Travel	1,000
(youth team to coordinate 3 events in 3 different cities)	
Total	\$16,500

Here is a budget that might be drawn up to explain the costs of a program you envision to your supervisor or Board. The emphasis here is training youth and helping them develop a deeper sense of community ownership and civic engagement, however when writing the initial budget, you can't forget that the lead you assign to work on this project would have a large portion of their time occupied. This is not a volunteer-only program; it would rely on focused coordination and management from a member of your staff, and that must be factored into the overall cost.

The next budget is more detailed and shows more community buy-in, by emphasizing in-kind donations, volunteers and collaboration. Funders rarely want to be the sole support of a project.

Example 2: More Detailed Project Budget

Health-E-Seniors

Revenue

<u> (Group being asked) </u> Foundation	\$9,000
(Company, Faith or Community-based Partner)	\$1,000
Salary for Partner’s AmeriCorps member (Program Coordinator)	(undisclosed, in-kind)
Volunteer Contribution	\$106,800
(25 volunteers, 5 hours/week for 40 weeks = 5000 hours)	
Independent Sector lists value of volunteer hour at \$21.36 as of 2/12)	
TOTAL Revenue	\$10,000
In-Kind Match	\$106,800+

Expenses

Celebration Ceremony for graduates, 8 classes/year (\$125 each)	\$1,000
Community Center room rental, 40 weeks	(in-kind)
Marketing brochures	\$500
Postage & return for 200 seniors, 25 youth	\$300
Recognition for volunteers (program T-shirts)	\$200
Refreshments for volunteers/senior students	\$500
Salary for Partner’s AmeriCorps member (Program Coordinator)	(in-kind)
Training Curriculum	\$2,000
Transportation for 12 youth (weekly, 40 weeks)	(in-kind)
Computers and accessories	\$5,500
<i>25 older, used computers to be donated .</i>	
<i>25 printers will be purchased for \$80 each (\$2,000) from _____</i>	
<i>Upgrades/programs for the 25 used computers, cables, etc.(\$3,500)</i>	
TOTAL Expenses	\$10,000

Example 3: More Detailed Project Budget

Nosey Neighbors Project Budget

REVENUE

<u>(Group being asked)</u>	\$5,000
<u>(Funder already on board)</u> (committed)	28,000
<u>(Funder already on board)</u> (received)	17,000
TOTAL REVENUE	\$50,000

EXPENSES

Personnel and Supplies

Nosey Neighbors Coordinator 1,000 hours @ \$10 per hour	\$10,000
Associate Director for Administration of Program 200 hours @ \$15 per hour	3,000
Postage/Printing for 10,000 neighborhood resource guides	5,000
Signage/Banners for Nosey Neighbors Block Events	1,500
Safety Equipment 200 homes @ \$100 each (anti-slip rug mats, weather radios, smoke alarms, etc.)	20,000

Training Materials

First Aid, Mouth to Snout CPR courses for 300 youth @ \$14.00 for certification cards	4,200
Mannequins (2 sets @ \$650 per set)	1,300
Aging Sensitivity Kits (10 kits @ 400 each)	4,000

Volunteer Recognition

200 volunteers/President's Service Awards	1,000
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TOTAL EXPENSES	\$50,000
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Example 4: More Detailed Overall Budget Template

INCOME	
volunSource	Amount
<u>Support</u>	
Government grants	
Foundations	
Corporations	
United Way or other federated campaigns	
Individual contributions	
Fundraising events and products	
Membership income	
In-kind support	
Investment income	
<u>Revenue</u>	
Government contracts	
Earned income	
Other (specify)	
Total Income	

This more formal, overall agency budget template has the information likely to appear on grant applications.

EXPENSES	
Item	Amount
Salaries and wages	
Insurance, benefits and other related taxes	
Consultants and professional fees	
Travel	
Equipment	
Supplies	
Printing and copying	
Telephone and fax	
Postage and delivery	
Rent and utilities	
In-kind expenses	
Depreciation	
Other (specify)	
Total Expense	
DIFFERENCE (Income less Expense)	