



Volunteer Opportunities

Resource Center: 3611 Plaza East Ct. Monday - Thursday 8:30 AM - 4:30 PM; Friday 8:30 AM - 3:00 PM

- Front Desk assistance - answering phones, filing, shredding, updating resources etc.

Food Pantry Partners:

- Mon: 8:30a.m.-10:30a.m; 10:30am.-12:30p.m; Distribution & Cleanup/Organizing
- Tues/Thurs 8:30a.m.-11a.m; 10:00a.m.-12:00pm; 11:00a.m.-1:00p.m; 1:00p.m.-3:00p.m; Distribution & Cleanup/Organizing
- Wed: 9:00a.m.-11:00a.m; 1:00p.m.-2:00p.m; 2:00p.m.-5:00p.m; Distribution & Cleanup/Organizing
- Friday: 9:00a.m.-11:00a.m.-Walmart Delivery
- Store Donation Pickups: Mon/Wed 9:00a.m.-Kroger, Aldi
- Community Food Pantry-1st Friday each month: 8:00a.m.-10:30a.m-First United Methodist Church, Granbury

Resale Shop: 1204 Waters Edge - M-F 10 AM – 6 PM; SAT: 10 AM - 4 PM; DONATIONS: Wed-SAT 10 AM – 4PM

- Sorting and organizing clothing donations
- Operating cash register
- Furniture pick-up on an as-needed basis, Tuesday through Saturday

*******PLEASE NOTE*******

**FOOD PANTRY & RESALE SHOP POSITIONS ARE FAST
PACED & REQUIRE STANDING ON CONCRETE &
LIFTING UP TO 15 LBS**

Ada Carey Center - Women & Children Shelter-Varying times as needed

- Childcare provider during appointments and support groups, hours vary
- Transportation - Transport residents to court, job interviews, work, medical, church, etc.
- Answer 24-hour hot line crisis calls
- Bi-lingual interpreter services-as needed
- Activity Team - Organize evening and weekend activities
- Weekly grocery shopping
- Assist with resume writing, job search skills 8AM-5PM

CASA Court Appointed Special Advocates

- Provides advocacy to children in foster care as appointed by the court to include educational, medical and legal advocacy.
- Must be able to commit to 12-18 months of CASA Volunteer service
- Must complete 30 hours of CASA pre-service training and pass an extensive background check.

Special Events

- Assist with special events such as the Trivia Night, Bowls of Hope, Mission Granbury Toy Distribution, and any additional events throughout the year.

**Find and like Mission Granbury, Hood County CASA, & New Beginnings Resale Shoppe
on Facebook and Instagram**

For more information, please contact: Kara Dingman-Ruiz

[\(682\)-936-4829](tel:(682)936-4829) ~ kdingman-ruiz@missiongranbury.org

*Thank you for your interest in volunteering. Submission of this application does not guarantee acceptance.
All applications are subject to review and approval at the discretion of the Volunteer Coordinator.
At this time Mission Granbury does not accept court-appointed applicants.*



3611 Plaza East Court
 Granbury, TX 76048
 P: 817-579-6866 F: 817-579-6427
 www.missiongranbury.org

Volunteer Application & Release of Liability

PERSONAL INFORMATION—Please Print Clearly

TODAY'S DATE: _____

*Last Name:	*First Name:	*Middle Name:
Address:		() Male () Female
City:	State:	Zip:
Best Phone:	Text to cell okay? Yes ___ No ___	Physical limitations: _____
Email address :		
Employer Name:	Occupation/Special skills:	Bilingual? () Yes () No Languages: _____
Emergency Contact:	Phone: _____ Relationship: _____	
Ethnicity: Hispanic ___ White ___ Black ___ Native Hawaiian/ Pacific Islander ___ Asian ___ American Indian/Alaskan ___		

VOLUNTEERING PREFERENCES:

I am interested in the following areas: (please mark all that apply)

Ada Carey Shelter _____ C.A.S.A. _____ Food Pantry _____ Administrative _____ Resale Shop/Donations _____

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I am available: M ___ T ___ W ___ TH ___ F ___ Sat ___ Notes: _____

How did you hear about us? Website ___ Special Event ___ Other _____ Have you ever been convicted of a felony? Y ___ N ___

Please list three references that are not related to you.

1. Name _____ Relationship _____ Phone _____
Address _____ Email _____
2. Name _____ Relationship _____ Phone _____
Address _____ Email _____
3. Name _____ Relationship _____ Phone _____
Address _____ Email _____

My signature below represents my permission for Mission Granbury Inc., to contact the above references and complete the required criminal background check on me. Failure to sign a release of information form or submit the required information, including fingerprints for CASA volunteers, will result in the application being rejected.

Signature _____ Date _____

Upon receipt of your completed application, we will schedule an Orientation and tour of the Resource Center, Resale Shop and/or Ada Carey Shelter, as applicable. Background checks are required as well as an orientation prior to volunteering with Mission Granbury.



Volunteer Release of Liability and Confidentiality Agreement

I, _____ the undersigned, hereby release and agree to hold harmless MISSION GRANBURY, INC, its members, affiliates, and employees or executives of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during my service as a MISSION GRANBURY, INC. volunteer.

I further release and hold harmless MISSION GRANBURY, INC., its members, affiliates, and employees or executives of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer at MISSION GRANBURY, INC., or as a result of my participation in any project as a volunteer, or in any other activity sanctioned by MISSION GRANBURY, INC.

Additionally, I agree to the following:

- My role is as a volunteer, and as such, I will receive no financial reimbursement for services rendered.
- I will bring to the attention of MISSION GRANBURY, INC. staff with any concerns of legal nature.
- I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.
- I will not copy, transcribe, record, or memorize confidential information of any kind, nor disclose or use such information for any purpose other than providing the assigned services at MISSION GRANBURY, INC.

AGREEMENT shall be governed in accordance with the laws of the State of Texas.

I have had the opportunity to read and understand the release and acknowledge that by signing the document, I am waiving certain legal rights in the event of injury. BY SIGNING BELOW, I accept and agree to the terms contained above.

Print Name _____ Signature _____ Date _____

Non Discrimination Policy:

Mission Granbury and any affiliation of Mission Granbury including but not limited to staff or volunteers is strictly prohibited from discrimination based on race, age, gender, nationality, sexual orientation, religion, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic. By signing below I accept and agree to this policy.

Signature _____ Date _____

_____(INITIAL) I understand and agree to comply with all provisions in this document.

Mission Granbury Staff

FOR APPLICANTS under age 18: I (please print) _____, as legal parent / guardian of

_____ agree with the above. Date _____ Signature _____

