

Volunteer Opportunities

Resource Center: 3611 Plaza East Ct-Monday-Thursday 8:30-4:30pm; Friday 8:30 am - 12:00 noon

- Graphic design, marketing and public relations assistance, basic Computer data entry
- Receptionist answering phones, filing, shredding, updating resources etc.
- Indoor Maintenance Change air filters & light bulbs, general handyman; janitorial Regular cleaning & Maintenance.

Food Pantry Partners: Please contact aluna@missiongranbury.org for times in addition to those below:

- Mon/Wed: 9:00-11:00 a.m. & 1:00 3:00pm: Pantry Prep: "Build a Bag" & Checking freezers
- Tues/Th 8:30-11am; 10:00 am-12:00 pm; 11:00 am-1:00 pm; 1:00-3:00 pm; Distribution & Cleanup/Organizing
- Friday: 9:00 11:00-Prepping for Saturday delivery
- Store Donation Pickups: Mon/Wed 8:00 am: Kroger-Aldi; Tues: Granbury Church of Christ (TAFB) & HEB; SAT: 8:00 am: Kroger & Walmart (Iperson with truck & trailer needed for all food donation pickups)
- Community Food Pantry-1st Friday each month: 8-I0:30am: First United Methodist Church, Granbury
- Pirate Back Pack Program-assemble food bags for school & summer

Resale Shop: 1204 Waters Edge-M-F 9am-5pm; SAT: 10am-4pm; DONATIONS: Wed-SAT 10am-3pm

- Sorting and organizing clothing donations.
- Operating cash register, redeeming vouchers, pricing items, etc.
- Furniture pickup on an as-needed basis within those hours

*****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 fostercare as appointed by the court to include educational, medical and legal advocacy.
- Visits with the children and communicates with attorneys, CPS, foster and biological parents, and child placements to ensure safety of the child.
- Attends court hearings, Family Group Conferences, Permanency Conferences and Mediations
- Must be able to commit to 12-18 months of CASA Volunteer service

Special Events

• Assist with fundraisers/special events and help represent Mission Granbury at community events. Times will vary. We encourage you to find us /like us on Facebook & other social media to stay informed for this role.

For more information please contact:

Kaylyn Lammons, Volunteer Coordinator/Community Resource Manager (682)936-4829 klammons@missiongranbury.org 3611 Plaza East Ct. Granbury, TX



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

Volunteer Application & Release of Liability

PERSONAL INF	ORMATION—	Please Print Cl	learly	TODAY'S DATI	E:	
*Last Name:		*First Name:	*	Middle Name:		
Address:				() Male	() Female	
City:	State:			Zip:		
Best Phone:	Text to cell okay?	YesNoPhys	sical limitations:			
Email address :						
Employer Name:	Occupation/Special skills:		:	Bilingual? () Yes () No Languages:		
Emergency Contact:		Phone:		Relationship:		
Ethnicity: Hispanic	WhiteBlack_	Native Hawaiian	/ Pacific Islander	AsianAme	rican Indian/Alaskan	
	VC	LUNTEERING	PREFEREN	CES:		
I am interested in the following areas: (please mark all that apply) Ada Carey ShelterC.A.S.AFood PantryAdministrativeResale Shop/Donations PLEASE NOTE: FOOD PANTRY & RESALE SHOP POSITIONS ARE FAST PACED & REQUIRE STANDING ON CONCRETE & LIFTING UP TO 15 L						
I LEASE NOTE: 100D TA		итw			<u> </u>	
How did you hear abou	t us? WebsiteSpec	ial EventOther	Have you	ever been convicted	of a felony? Y N	
Please list three refere	nces that are not relate	ed to you.				
1. NameAddress			Email	Phone		
2. Name		Relationship		Phone		
3. Name				Phone		
My signature below rep criminal background ch prints for CASA volunte	eck on me. Failure to	sign a release of inform	nation form or subm			
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.

3611 Plaza East Court • Granbury, TX 76049 • www.missiongranbury.org • 817-579-6866

moving adults and children from crisis to self sufficiency

1,	the undersigned, hereby release a	nd agree to hold harmless MISSION GRANBURY,
INC, its members, affil	iates, and employees or executives of any and all liability th	nat could possibly be incurred as a result of my
negligence, intentional	or unintentional, during my service as a MISSION GRANE	BURY, INC. volunteer.
I further release and ho	ld harmless MISSION GRANBURY, INC., its members, af	ffiliates, and employees or executives of all liability
with regard to any phys	sical or emotional harm that I may sustain during the time I	volunteer at MISSION GRANBURY, INC., or as a
result of my participation	on in any project as a volunteer, or in any other activity sand	ctioned by MISSION GRANBURY, INC.
Additionally, I agree t	to the following:	
• N	My role is as a volunteer, and as such, I will receive no finar	ncial reimbursement for services rendered.
• I	will bring to the attention of MISSION GRANBURY, INC	C. staff any co ncern of a legal nature.
• I	recognize that any and all information shared with me as pa	art of my duties as a volunteer is confidential and
S	hall 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
i	nformation for any purpose other than providing the assigned	ed services at MISSION GRANBURY, INC.
GREEMENT shall t	oe governed in accordance with the laws of the State	e of Texas.
I have had the opportu	unity to read and understand the release and acknowled	lge that by signing the document, I am waiving
certain legal rights in	the event of injury. BY SIGNING BELOW, I accept a	and agree to the terms contained above.
Print Name	Signature	Date
s strictly prohibited narital status, politi	Policy: nd any affiliation of Mission Granbury includi from discrimination based on race, age, gende cal belief, mental or physical handicap, or any signing below I accept and agree to this policy.	er, nationality, sexual orientation, religion, other preference or personal
	Date	
gnature		
	understand and agree to comply with all provisions in th	nis document.
	understand and agree to comply with all provisions in th	nis document.

Date____Signature ____

____ agree with the above.

AUTHORIZATION FOR RELEASE OF INFORMATION

Findings on background checks do not necessarily imply that the volunteer would not be accepted. All applicants are judged on their own merit and in accordance with different program requirements and grant standards.

All Volunteer background checks include the following:

- State and national criminal background checks
- State and national Sex Offender Registry background checks
- Child Abuse and Neglect Central Registry checks

CASA Volunteer background checks include all the above plus:

NCIC fingerprint background check through the Federal Bureau of Investigations
 **If a volunteer applicant refuses to sign a release of information form or submit the required
 information for any of the background checks required, the CASA program rejects the application.**

Mission Granbury authorized personnel will retain all personal and private information contained in this document in a *separate file*, locked area for safety and security for up to 7 years per state and/or federal grant guidelines. Regular office files will not contain background information or reports at anytime.

Please provide the following:			
Name			() Female () Male
Last	First	Middle	
Email Address			
***Other names used (married, married,	aiden, etc.)		
Street Address (No PO Box)		City	Zip
Have you lived outside Texas in the			
***SSN#	***Tex	as Drivers License#	
Other Professional Licenses/Certific	ations:		
***Date of Birth		Place of Birth:	
I hereby authorize The Departmer to release to Mission Granbury, In arrest records.			
I hereby release Mission Granbury Protective Services, including all cany and all liability or for damages because of compliance with this a	officers, employees or re s of any type which may	lated personnel, both indi	vidually and collectively, from
Signed		Date	
FOR APPLICANTS under age 18: I,	(please print)		s legal parent / guardian of

Date

Signature

agree with the above.