

## **Volunteer Opportunities**

#### Resource Center: 3611 Plaza East Ct-Monday-Thursday 8:30a.m.-4:30pm; Friday 8:30am-3:00p.m.

- · 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: 8:30-10:30a.m; 10:30a.m.-12:30pm; Distribution & Cleanup/Organizing
- Tues/Thurs: 8:30-11:00am; 10:00a.m.-12:00p.m; 11:00a.m.-1:00p.m; 1:00-3:00p.m; Distribution & Cleanup/Organizing
- Wed: 9:00-11:00a.m; 1:00-2:00p.m; 2:00-5:00p.m.; Distribution & Cleanup/Organizing
- Friday: 9:00-11:00a.m.-Walmart Delivery
- Store Donation Pickups: Mon/Wed 9:00a.m.-Kroger-Aldi
- Community Food Pantry-1st Friday each month:8:00-I0:30a.m; First United Methodist Church, Granbury
- Pirate Back Pack Program

### 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 hoursvary
- 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:

Kara Dingman, Volunteer Coordinator/Community Resource Manager (682)-936-4829; kdingman@missiongranbury.org; 3611 Plaza East Ct. Granbury, TX 76049

Mission Granbury Main Phone #: 817-579-6866

Ada Carey Shelter HOT LINE: 1-844-579-6848



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

# Volunteer Application & Release of Liability

Best Phone: Text to cel  Email address:  Employer Name:   Emergency Contact:   Ethnicity: Hispanic White  I am in Ada Carey Shelter C.A.S.A  PLEASE NOTE: FOOD PANTRY & RES.  I am available:  How did you hear about us? Website  Please list three references that are not	Occupation/Special skills:  Phone: Relationship: Discreption	Zip:    Bilingual?   Languages:	( ) Yes ( ) No
Employer Name:  Employer Name:  Emergency Contact:  Ethnicity: Hispanic White  I am in Ada Carey Shelter C.A.S.A  PLEASE NOTE: FOOD PANTRY & RES.  I am available:  How did you hear about us? Website  Please list three references that are not 1. Name	Occupation/Special skills:  Phone: Relationship: Black Native Hawaiian/ Pa  VOLUNTEERING P  Iterested in the following areas Food Pantry	Bilingual? Languages:  Cific IslanderAsianAmerican I  REFERENCES:  (please mark all that apply)  AdministrativeResale Shop/Done	( ) Yes ( ) No
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Please list three references that are no  1. Name	MTWTH	F Sat <u>Notes:</u>	_
1. Name	Special EventOther	Have you ever been convicted of a	n felony? Y N
	Relationship	Phone Email	
2. NameAddress			
3. Name Address	Relationship	Phone Email	
My signature below represents my per	rmission for Mission Granbury Inc. ure to sign a release of informatio	to contact the above references and comp n form or submit the required information,	lete the required
Signature		Date	

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

#### moving adults and children from crisis to self sufficiency

Ι,	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, intent	ional or unintentional, during my service as a MISSION GRAN	BURY, INC. volunteer.
I further release a	nd hold harmless MISSION GRANBURY, INC., its members,	affiliates, and employees or executives of all liability
with regard to any	y physical or emotional harm that I may sustain during the time	I volunteer at MISSION GRANBURY, INC., or as a
result of my parti	cipation in any project as a volunteer, or in any other activity san	nctioned by MISSION GRANBURY, INC.
Additionally, I a	gree to the following:	
	• My role is as a volunteer, and as such, I will receive no fine	ancial reimbursement for services rendered.
	• I will bring to the attention of MISSION GRANBURY, IN	IC. staff with any concerns of legal nature.
	• I recognize that any and all information shared with me as p	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 confidentia	l information of any kind, nor disclose or use such
	information for any purpose other than providing the assign	ned services at MISSION GRANBURY, INC.
AGREEMENT S	hall be governed in accordance with the laws of the Sta	ate of Texas.
I have had the op	oportunity to read and understand the release and acknowled	edge that by signing the document, I am waiving
certain legal righ	ts in the event of injury. BY SIGNING BELOW, I accept	and agree to the terms contained above.
Print Name	Signature	Date
s strictly prohil narital status, <sub>l</sub>	tion Policy:  ory and any affiliation of Mission Granbury included its from discrimination based on race, age, gende political belief, mental or physical handicap, or any By signing below I accept and agree to this policy	ler, nationality, sexual orientation, religion y other preference or personal
Signature	Date	
(INITIAI	L) I understand and agree to comply with all provisions in	this document.
Mission (	Granbury Staff	
OR APPLICANT	'S under age 18: I (please print)	, as legal parent / guardian of

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 of 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 any time.

Please provide the following:					
Name			( ) Female ( ) Male		
Last	First	Middle			
Email Address					
***Other names used (married, m	naiden, etc.)				
Street Address (No PO Box)		City	Zip		
Have you lived outside Texas in the					
Other Professional Licenses/Certifi	cations:				
***Date of Birth		Place of Birth:			
I hereby authorize The Departme to release to Mission Granbury, Ir arrest records.					
I hereby release Mission Granbur Protective Services, including all any and all liability or for damage because of compliance with this a	officers, employees or re s of any type which may	elated personnel, both ind	ividually and collectively, from		
Signed	Date				
FOR APPLICANTS under age 18: 1,	(please print)		as legal parent / guardian of		
ag	ree with the above. Da	te Signature			