



Dear Prospective Volunteer,

Welcome to Mending the Gap Inc., a non-profit organization dedicated to enabling positive transformation in youth and older adults. We are honored that you have chosen MTG for your volunteer work. Our wish is that your service be equally rewarding to both you and the individuals we serve.

You will make it possible for us to give more quality service to those who seek help from us. You will also be a representative of our work to the community. Therefore, we are depending on you for service that is both *essential and responsible*.

Volunteers are expected to commit to at least three hours of time per month. There are various areas within our organization that could benefit from your committed service. Therefore, we are always looking for dependable and committed volunteers.

Attached also is the Volunteer and Liability Agreements. Please read, sign and return the Agreements to us prior to your anticipated start date.

Once we have all of your documents, we will contact you with a schedule letting you know the date, time, location and extent of your commitment. Please review the schedule promptly, and respond within three (3) days of receipt to your assigned contact with your availability.

We greatly appreciate your commitment of time, energy and skills to this important work. If you have any questions or we can help you any way, please free to contact us at 404-729-5185

Again, we are so excited you are thinking of joining our MTG Team! Welcome and Thank You!!!!

Sincerely,

Fay Josephs
Founder/Executive Director



Who is Mending The Gap Inc. (MTG)?

We are a non-profit organization dedicated to transforming the lives of youth and older adults by bringing generations together while addressing critical needs.

What Are My Responsibilities?

- Provide services as designated among one of our client demographics at least once per month as needed.
- Represent Mending The Gap in a professional manner.
- Greet our clients in a respectful and pleasant manner.
- Assists leadership with facilitating group meetings or events.
- Provide appropriate support and guidance to families we serve.
- Consult with MTG leadership or the Volunteer Director concerning any issues while serving
- Maintain confidentiality of recipient's personal information.

What Qualifications /Traits Are We Looking For?

- Courteous, Committed, Dependable and Compassionate
- Comfortable working with and supporting seniors across many demographics
- Understand the dynamics of the differing populations of Pre-Teen to Teen)
- Works well both independently and within groups
- Flexible and Energetic

What Commitments Am I Making?

- Sign and Fulfill the Requirements of the Volunteer Agreement.
- Commit to Fully Corporate with Mending The Gap Inc. and MTG Leadership. □ Committed to maintain confidentiality of clients served



Date: _____

Referred by: _____

Last Name:	First:	Initial:	Nickname/Preferred Name:
Address:			
City:		State:	Zip:
Home Phone:	Cell Phone:	Email Address:	
Company School/ Affiliation:	Drivers License #:	Date of Birth:	

VOLUNTEER/EMPLOYMENT HISTORY

Dates	Organization	Position	Skills & Experience

REFERENCES

Please list 3 personal references you have known for at least one year. (No family members please)

Name	Address	Zip	Phone Number

In case of an emergency whom would you like us to contact? Please list two options.

Name:	Phone:
Name:	Phone:

Do you have a driver's license?

Do you have transportation?

Other than a minor traffic violation, have you ever been accused, arrested or convicted of any crime?

☐ No ☐ Yes If yes, briefly explain (use back if needed):

Do you speak a second language?

☐ No ☐ Yes If yes, please list:



Availability:

☐ Weekdays
M/T/W/Th/F

☐ Weekday evenings
M/T/W/Th/F

☐ Saturdays

☐ Project Only

Areas of Interest *(check all that apply):*

- ☐ Call or visitation
- ☐ Food/supplies Drive
- ☐ Fundraising
- ☐ Other _____

- ☐ Grant Development
- ☐ Intergenerational activity
- ☐ Monthly delivery/packing

- ☐ Marketing/Public Relations
- ☐ Special Events
- ☐ Computer tutoring

I understand that as a part of the volunteer/intern verification and matching process, additional personal information may be required of me through an interview with MTG Inc.'s professional staff. I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I hereby authorize Mending The Gap Inc. to contact the references listed and to conduct whatever investigation and background checks are necessary to determine if I will be an approved volunteer/intern. I also hereby authorize Mending The Gap Inc. without limitation, to copy, publish, exhibit or distribute photographs or video tapes of my volunteer/intern activities for the purpose of promoting volunteerism/internship. I release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Mending The Gap Inc. and the officers, employees and volunteers/interns thereof.

Signature: _____ Date: _____



Volunteer Agreement

I, _____ agree:

- To be a volunteer with Mending The Gap Inc. delivering agreed upon services to my requested client demographic or general organizational support either: (check one) ☐ monthly *delivery of food or supplies*; ☐

special events; ☐ administrative task; ☐ marketing/public relations task; ☐ fundraising; ☐ grants; ☐ community development; ☐ youth and senior engagements: Other: _____

☐ To perform my volunteering role to the best of my ability;

- To follow the organization's procedures and standards;
- To maintain the confidential information of the organization and of its' clients
- To meet time commitments and standards agreed to except in exceptional circumstances, and to give reasonable notice so other arrangements can be made;
- To provide references as agreed who may be contacted, and also copy of a recent background check where necessary;
- To sign and comply with Volunteer Agreement and Waiver of Liability (Attached);
- To be responsible for my own safety;
- To report any incident that may occur during delivery of my services.

NOTE: This agreement is in honor only and is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party.

Name: _____ Signature _____

Date: _____



Volunteer Waiver

I hereby voluntarily, execute this Volunteer Waiver under the following terms for Mending The Gap Inc: I, the Volunteer, release and hold harmless the Organization and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense. I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization. I understand that my time with Mending The Gap may include various activities that may be risky and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Georgia in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable.

Volunteer's Signature _____ Volunteer's Name Print _____



Levels of Involvement

We appreciate that volunteers have varying amounts of time available. Some people will be able to contribute more hours than others. To be considered “active” in the program there is a suggested minimum of 30 hours in a year.

If your circumstances change making it not possible for you to volunteer, please let us know. Short-term situations and service projects are the exceptions.

Change in Your Contact Information

It is important to maintain up-to-date records on all volunteers. Should there be a name, address, phone number or email address change please inform us.

Drug & Alcohol Policy

Volunteers cannot report for volunteer under the influence of alcohol or illegal drugs. MTG is committed to maintaining a volunteer work environment free of the influence of drugs, smoking and/or alcohol. Any volunteer coming to serve under the influence will be asked to leave their assigned duties.

Health & Safety

Volunteers must be cognizant of contagions that each one of us could unintentionally transmit to each other and the seniors we serve. Please adhere to these instructions to prevent potential transmission of contagious or other infectious conditions.

- A simple cold for us could have severe consequences for our seniors. Coughing, sneezing, open sores and diarrhea are some of the common symptoms of many illnesses. Do not report if you do not feel well.
- Highly contagious diseases such as, Measles, Chicken Pox, Meningitis and Tuberculosis have been on the rise. Please become familiar with each of these contagions and if you suspect that you may have been exposed and are having symptoms, advise the MTG coordinators at 404-729-5185
- Due to the sensitivity of some of our seniors, please try to refrain from wearing strong perfume scented products whenever engaging directly with the seniors. (visitation/intergenerational activities)
- Hand hygiene helps to reduce the risk of spreading infections. Please make sure hands are washed and use hand sanitizer if available. (visitation/intergenerational activities)

Compassion at work

The goal of MTG is to serve the needs of our seniors. Each senior is an individual whom at certain times may react to what they feel is an annoyance. Please do not take it personally if a senior becomes angry, rude or frustrated. Please try and respond and or address their complaint with understanding and kindness. Most times seniors' behavior is often a reaction to what is going on with them. Let's go the extra mile and S.L.A. (Smile, Listen and Assist).