

HARBORLIGHT COMMUNITY PARTNERS

Community Service & Volunteer Programs



Providing Homes & Community Support



Opportunities for Individuals and Groups available in:

- Property Maintenance & Landscaping Projects
- Elder Activities & Recreation
- Book Donation/Sales Fundraising
- Community Events



Harborlight
Community
Partners

Providing Homes & Community Support

Volunteers play in integral role at Harborlight Community partners (HCP). We have ongoing and project-orientated volunteer opportunities including the following:

Property Maintenance and Landscaping Volunteers

Would you like to help us keep our homes and buildings looking good? Do you have skills with trades? A willingness to learn? We can use volunteer help with projects in Ipswich, Peabody, Beverly, Hamilton and Rockport, from basic custodial work and seasonal landscaping to unit renovation projects. If you have skills, a little time, and a desire to help improve the homes of low income people we would be glad to meet you!

Elder Activities & Recreation Volunteers

We need compassionate patient people who enjoy being around seniors to assist with recreational activities and events like running a barbeque, or bingo game or presenting an art class, music or theater presentation. Would you like to help with or run activities at one of our low income elder buildings?

Book Donations/Book Sales Volunteers

If you have a passion for books HCP would love to have your help with our Book Donation Program! HCP raises funds to support affordable housing efforts for low income elders and working families living on the North Shore. We are seeking volunteers to help run our Book Donation Program and upcoming Book Sales. There are several different ways for both individuals and groups to lend a hand volunteering with HCP's Book Donation Program:

Book Warehouse: Volunteers work in our Beverly book warehouse sorting, scanning, shelving and packing donated books for online sales and in-house book sales.

Book Sales: Volunteers are needed to help set up, sort and replenish book displays, greet and cash out customers. This is also a great opportunity for groups to volunteers.

Community Events Volunteers

HCP participates in several community events during the year to raise awareness about our services and programs. Volunteers are needed to help prepare for and assist during fundraisers and special events such as the Beverly Farmers Market and Homecoming events.

Group Service Projects

Group service project is a great way to gather together, lend a hand and have fun. HCP can accommodate groups with all our volunteer programs.

For additional information or to sign up for any of these great volunteer opportunities at Harborlight Community Partners call Deanna Fay at 978-922-1305 x 200 or e-mail dfay@harborlightcp.org



VOLUNTEER WAIVER OF LIABILITY

Thank you for working today. We greatly appreciate your assistance and commitment to supporting affordable housing in our community. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release Harborlight Community Partners of all liability while working with Harborlight Community Partners. **This form is in effect for one year from the signing date.**

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ 20____, by _____ (the "Volunteer") in favor of Harborlight Community Partners, a non-profit corporation, their directors, officers, employees, and agents (collectively, "HCP"). The Volunteer desires to work as a volunteer for HCP and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include participating in special events and fundraisers, working in the HCP offices, working in the book warehouse, and construction and rehabilitating residential buildings. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless HCP 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 Volunteer's Activities with HCP.

Volunteer understands that this Release discharges HCP from any liability or claim that the Volunteer may have against HCP with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with HCP, whether caused by the negligence of HCP or its officers, directors, employees, or agents or otherwise. Volunteer also understands that HCP 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 or illness.

Medical Treatment: Volunteer does hereby release and forever discharge HCP from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with HCP.

Assumption of the Risk: The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases HCP from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Volunteer understands that, except as otherwise agreed to by HCP in writing, HCP does not carry or maintain health, medical, or disability insurance for any Volunteer.

Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays. If the Volunteer has no insurance, the policy pays up to the limits of coverage.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto HCP all rights, title, and interest in any and all photographic images and video or audio recordings made by HCP during the Volunteer's Activities with HCP, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this Release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. Volunteer agrees that in the event that any clause or provision of this Release 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 be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (Please Print): _____

Volunteer Signature: _____

Today's Date: _____

Volunteer Address: _____

Phone Number: _____

Email: _____

Group/Organization (if applicable): _____

In case of emergency, please contact:

Name: _____ **Relation:** _____

Address: _____

Phone: _____

******* If Volunteer is under age of 18 a parent or legal guardian must sign *******

Parent Signature: _____ **(if 18 or under)**



Harborlight
Community
Partners

Providing Homes & Community Support

CORI REQUEST FORM

Harborlight Community Partners is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. Harborlight Community Partners may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate

VOLUNTEER-INTERN APPLICANT SIGNATURE

DATE

VOLUNTEER-INTERN INFORMATION

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known) Date of Birth Place of Birth

Last Six Digits of Your Social Security Number (Required): _____ - _____

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

Volunteer Application



Date: _____

Contact Information

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Emergency Contact

Name: _____ Relationship: _____

Home phone: _____ Other phone: _____

1. Experience

A. Education

Circle current/last year completed: High School: 9 10 11 12 / College: 1 2 3 4 +

High School: _____

Diploma/completion: _____

College/University: _____

Degree: _____

Special Training and/or Vocational Goal (if student): _____

B. Employer Information (include paid and volunteer experience)

Retired Yes No

Company/Organization: _____

Dates of service: From _____ to _____

Position: _____ Paid employee Volunteer

Company/Organization: _____

Dates of service: From _____ to _____

Position: _____ Paid employee Volunteer

Company/Organization: _____

Dates of service: From _____ to _____

Position: _____ Paid employee Volunteer

2. Volunteer Talents

A. Why are you interested in volunteering with HCP?

B. Which of the following HCP volunteer positions interest you?

- Property Maintenance Volunteer** - To assist with affordable housing properties, building and landscaping maintenance, including daily operations and special projects.

- Elder Housing Activities Assistant** – To conduct a variety of activities for residents at our Beverly Turtle Creek/Turtle Woods elder housing property. This work is performed in accordance to established policies and procedures, and with specific instructions from the site Service Coordinator.

Marketing/Fundraising Assistant – To assist HCP marketing team to promote awareness of HCP programs and services through various projects, campaigns, and/or community events.

Volunteer Coordinator Assistant – To support the development and implementation of the volunteer program at HCP.

Book Donation / Book Sales Volunteer – Works with Book Donation Coordinator to process donated books for resale on our online store and/or at book sales

Administrative Support - General – To provide administrative support and other clerical duties in HCP's main office.

C. Are you fluent in any language other than English (including sign language)?

Yes No *If yes, please list the language(s):* _____

D. Are you licensed and able to drive an automobile? Yes No

E. Skills and Interests (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling |
| <input type="checkbox"/> Public speaking with large groups | <input type="checkbox"/> Public speaking with small groups |
| <input type="checkbox"/> Public relations/Communications | <input type="checkbox"/> Research |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Video Editing/Production |
| <input type="checkbox"/> Other _____ | |

F. Availability

Hours per month: 4 or less 5 to 10 More than 10

Preferred days and times:

- Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**
- Morning Morning Morning Morning Morning Morning Morning
- Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon
- As Needed

3. References

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Optional

Do you have any limitations or medical conditions you would like HCP to be aware of?

No Yes *If yes, please describe:* _____

Do you require any special accommodations? Yes No

If yes, please describe: _____

Declaration:

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Confidentially Agreement:

I agree that any information regarding Harborlight Community Partners residents and donors will remain confidential and will not be used for any other purposes other than that required by Harborlight Community Partners.

Signature: _____ Date: _____

Media Release:

I hereby give my consent that Harborlight Community Partners may use any photographs, videos, audio recordings, or quotes of myself obtained during any Harborlight Community Partners programs or events.

Signature: _____ Date: _____

IF YOU ARE 17 YEARS OR OLDER, A COMPLETED CORI REQUEST FORM IS REQUIRED WITH YOU VOLUNTEER APPLICATION.