**CROSSROADS**

 **NEW VOLUNTEER PACKAGE**

**2017**

**Thank you for your interest in becoming a volunteer within our organization. Enclosed you will find all necessary information to help guide you through the process. We look forward to meeting with you to discuss your application.**

**Best,**

**Kimberly N. Jackson**

**Founder & Executive Director**



**At Crossroads #weSERVE**



**Crossroads Volunteer & Confidentiality Agreement**

**Volunteering**

As a Volunteer for Crossroads Community Outreach dba Crossroads, I have read and agreed to follow the mission and vision of Crossroads. I also agree to represent the organization professionally and to the best of my ability. In my role, I understand that sustaining the mission, improving the organization’s health and protecting the reputation and brand of Crossroads are paramount to any personal goals or agendas I may have. I may only use Crossroads logo in conjunction with approved events, marketing or correspondence approved by the Crossroads executive team. It may not in any way be used for personal or monetary gain only for the benefit of the organization as a whole.

I understand that I have the discretion to coordinate my activities but that Crossroads executive team makes all decisions and that these decisions are final. These commitments and decisions include, but are not limited to: purchases, event date, event agenda, special guests/spokesmen, location, promotion, messaging, materials, entertainment, marketing and promotional materials, menu, event participants, partnerships, target audience, budgets/expenses, technical capabilities, human resources, etc. I will not make purchases, public statements, commitments or promises on behalf of Crossroads without prior approval.

I understand that all documents I create belong to Crossroads and I pledge to provide Crossroads with reports that detail information, such as contacts (as well as their contact information), volunteers, expenses and systems. If, for any reason, I am unable to complete my assignment or commitment, I will notify the Director as soon as possible.

As a volunteer, I understand the importance of positive relationships and cooperative working environments. I will do everything I can to support others feeling invested in the mission and success of Crossroads. I will be a goodwill ambassador for the organization.

**Confidentiality**

In consideration of my participation as a volunteer of Crossroads Community Outreach (“CROSSROADS”), and in further consideration of the position Volunteer Coordinator or Volunteer will occupy, Volunteer agrees to comply and adhere to the following provisions:

1. The mission of CROSSROADS at times involves valuable, confidential and/or proprietary data and information of various kinds, whether or not protectable under applicable law. Volunteer acknowledges that in the course of Volunteer’s involvement with CROSSROADS, Volunteer may have access to, and contact with, confidential and proprietary information of CROSSROADS and its members. Such data and information may include such things as the names of and information concerning any of CROSSROADS’s members and the nature of CROSSROADS’s relationships with such members.

2. Volunteer will not, during or after his/her volunteering with CROSSROADS disclose to any person, other than in the ordinary conduct and course of CROSSROADS’s operation, any confidential information.

Volunteer must agree to fully comply with both the Volunteer Agreement and the Confidentiality Agreement.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is Crossroads?  What do we do?
 Kimberly Jackson is the founder & Executive Director. She handles the day to day operations of the organization. She’s out in the community meeting, assessing needs & determining ways to get things improved for our citizens specifically those in need. We have a very hands on & active Board of Directors, professional advisors & a team of very dedicated volunteers who each concentrate on specific areas of need in the community that range from providing an encouraging word, prayer, feeding the homeless to providing transportation.

Our VISION & MISSION: We are a multi-disciplinary team that assist those in crisis who don’t fit the criteria for traditional services OR no services for a specific need exists. At Crossroads we realize a person’s circumstances don’t always fit the mold of most organizations. We don’t ask that people meet certain criteria we simply meet people at whatever crossroad they may face in life & then create our services accordingly. We believe everyone has a voice & a right to be heard. If you find yourself in unexpected crisis and you’ve lost that voice we’re dedicated to help you get it back!

We are a 501(c) 3 non-profit organization & our goal is to provide advocacy, case management, emergency non-traditional services & to organize & facilitate community organized meetings, events & programs to better serve the very unique situations of our clients. We create plans for long term solutions vs just providing for the immediate need. We accomplish this by raising awareness, facilitating discussions, real life workshops, mentoring & programs & also by working to change existing policies.

Who we SERVE: The community!

our website [www.crossroadsco.org](http://www.crossroadsco.org/)

Crossroads Community Outreach

**Event Organizing Responsibility:**

**Oraganize**: Organize your group based on your particular volunteer area. Be creative and make the group your own. The goal is to get the community involved, engaged, informed and educated.

**Meetings:** Meet at least twice a month or more often as needed with your team (*even if it’s just by phone or text with your group)* to plan your meetings and events.

**Documentation:** Prepare notes from your meeting and present those to the Director at the end of each month. These notes will be presented to the Board of Directors. These notes should include anything that is needed from the executive committee, budget and a month’s notice on any planned event.

**Donations & Budget**: We are a non-profit so funds are limited to donations. Please try to get as many items as possible donated from local businesses or individuals to keep budget to a minimum. Services we provide are FREE however it is acceptable to ask for voluntary donations from those who participate.

**Intake, Release of Information form (ROI) & Liability Waiver:** If you have an individual that requires additional assistance from Crossroads BEFORE you proceed, do not transport, meet one on one or speak on their behalf as an advocate for Crossroads until they have completed ALL THREE forms. These forms safeguards you and the organization. Please contact the Director immediately to have this paperwork completed.

**Volunteer Agreement and Confidentiality forms:** All Volunteer Coordinators & support team will complete.

\*\*\*The executive committee will assist as needed with any event & donations as needed\*\*\*

**Board or Volunteer Application Form**

1. Candidate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Home Work

Phone \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Current position/employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Relevant Experience and/or Employment. Please attach resume.

4. Please circle area(s) of expertise/contribution you feel you can make to further the mission of

Crossroads Community Outreach:

Fundraising

Advocacy

Community Outreach

Direct Services & Case Management

Education

Special Events Strategic Planning

5. Please list prior experience serving as a Board member or volunteer for other non-profit organizations:

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6. What other volunteer commitments do you currently have?

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7. Why are you interested in serving as a Board member or volunteer for Crossroads Community Outreach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please share any other information you feel important for consideration of your application to

serve as a Crossroads Community Outreach Board member or volunteer.

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***For Board Use***

\_\_ Nominee has had a personal meeting with either Executive Director, Board Chair, or other Board member. Date \_\_\_\_\_\_\_\_\_

 \_\_ Nominee proposed to the Board Date \_\_\_\_\_\_\_\_\_

\_\_ Board action Elected Date \_\_\_\_\_\_\_\_\_\_\_

\_\_ Rejected Date \_\_\_\_\_\_\_\_\_\_\_