



## *The Greg Jennings Foundation*

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Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer for the Greg Jennings Foundation. We want to make it as easy as possible to apply as a volunteer. Recognizing our high responsibility to our participants, we require that all who will be working with our participants, staff, and volunteers, fill out a volunteer application. The forms attached will provide the information we need and will enable us to contact you about volunteer opportunities. Thank you again for your interest in The Greg Jennings Foundation. We hope you will find this a satisfying and rewarding experience.

**Greg Jennings: CEO**  
**Nicole Jennings: President**  
**Ebony Jennings: Administrative Director**  
**Justine Griffin: Administrative Assistant**

**The Greg Jennings Foundation**  
**141 E. Michigan Avenue, Suite 401**  
**Kalamazoo, MI 49007**

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**Below is a checklist and description of all forms you must complete and submit:**

- Application Form:** Please provide as much information as possible about your interests, preferences, and availability.
- Release Form:** Please complete all information and provide us with 2 references.
- Media Release Form:** Please sign your name after you carefully read the media release agreement. Prospective Volunteers are required to fill out this form for media coverage.

**PLEASE SUBMIT ALL FORMS TO THE GREG JENNINGS  
FOUNDATION  
DO NOT MAIL OR FAX ELSEWHERE**



## Volunteer Profile

**In what capacity are you volunteering for The Greg Jennings Foundation?**

- Parent/Guardian Volunteer
- Corporate/Professional Volunteer
- Community/Organization Member
- College/Graduate Student
- Other \_\_\_\_\_

**Highest Educational Level Completed:**  High School/GED  Some College

- Associates  Bachelors  Masters  Doctorate  Other \_\_\_\_\_

**Availability (check all that apply):**

- Entire Year (January-December)  Winter Only (December-February)
- Spring Only (March-May)  Summer Only (June-August)
- Fall Only (September-November)  Program/Short-term Projects
- Individual Event Basis  Other \_\_\_\_\_

**Time Availability (place an "X" in all that apply):**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

**Volunteer Strengths (please list):**

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**Tutoring:**  Math  Science  After School Programs  Reading/Writing

- Technology  Foreign Language  Sports  Other \_\_\_\_\_

**Have you ever volunteered with children before?**  Yes  No. If yes please list where and when.

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**Language(s) you speak other than English?**

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## Volunteer Release Form

Please be advised that I would like to participate as a volunteer to provide support and assistance to The Greg Jennings Foundation. I assume full responsibility for my actions and authorize The Greg Jennings Foundation personnel to act on my behalf in the event of an emergency situation. I hereby release The Greg Jennings Foundation, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

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First	Middle	Last
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Address	City	State	Zip Code
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Day Phone	Evening Phone	Email
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Signature	Date
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**Special Needs:**

- Wheelchair Accessibility
- City Transportation
- Medical \_\_\_\_\_
- Other \_\_\_\_\_

**References:**

Please provide 3 references (persons of non-relation, such as an employer, pastor, teacher, or friend of family). This information may be used in order to determine your volunteer eligibility.

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Name	Phone	Email
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Name	Phone	Email
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Name	Phone	Email
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**For Office Use Only:**

- Volunteer Application Approved  Volunteer Application Denied

**Release Form for Media Recording**



I, the undersigned, do hereby consent and agree that the Greg Jennings Foundation, its employees, and agents have the right to take photographs, videotape, or digital recordings of me beginning on (today's date) \_\_\_\_\_ and to use these in any and all media, now or hereafter known, and exclusively for the purposes of the Greg Jennings Foundation media releases. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release the Greg Jennings Foundation, its employees, and agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that the Greg Jennings Foundation is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Day Phone Evening Phone Email

\_\_\_\_\_  
Witness for the undersigned

\_\_\_\_\_  
Signature Date

**PLEASE SUBMIT ALL FORMS TO:**

**The Greg Jennings Foundation  
141 E. Michigan Avenue, Suite 401  
Kalamazoo, MI 49007**

## CODE OF CONDUCT

### **I. Volunteer Roles and Responsibilities are Unique**

1. **UNDERSTAND** that your role is a supportive one. The Greg Jennings Foundation Board & Staff are completely in charge.
2. **REMEMBER** volunteers are only permitted to work with participants on event grounds and under the supervision of the Foundation Staff. Please dress appropriate at all times
3. **MAINTAIN** foundation confidentiality at all times.
4. **DO NOT** make promises you cannot keep.
5. **USE** good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one participant/child out of view of other people.
6. **REMEMBER** physical discipline is absolutely prohibited. Ask the Foundation Board & Staff for assistance with problematic behavior.
7. **REPORT** immediately to staff persons any physically abusive or sexually exploitive behavior towards participants or volunteers.

### **II. Volunteers Take Pride in Being Professional**

1. **MAINTAIN** a constructive attitude. Do NOT under any circumstances make negative comments about The Greg Jennings Foundation, its personnel or volunteers to anyone.
2. **BE PROMPT** and consistent in your attendance. The foundation depends on volunteers and plans their work accordingly. Participants depend on volunteers even more so it is imperative to arrive to engagements on time. Always notify the foundation as soon as possible if you must be late or absent.
4. **KEEP** an accurate record of your attendance by signing in each day you volunteer. Also maintain notes and records of meetings.
5. **ESTABLISH** and maintain constant communication with the Foundation Board and Staff.
6. **NEVER** be under the influence of drugs or alcohol.
7. **DO NOT** lend money, contribute or solicit money to anyone on behalf of the foundation.
8. **DO NOT** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.

### **III. Health and Safety Are Always Important**

1. **ALERT** foundation staff immediately if anyone has an accident while working with you.
2. **REFER** any participant, in need of first aid or any type of medication to foundation staff.
3. **ALERT** foundation staff before volunteering if you have, or have been exposed to, a communicable disease.

By signing this form, you agree to comply with all terms and conditions listed above. Please be aware that a background check will be conducted on every volunteer application and upon approval, you will be contacted.

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

**THE GREG JENNINGS FOUNDATION RESERVES THE RIGHT TO DISCONTINUE YOUR VOLUNTEER SERVICES FOR ANY REASON.**