



Orange Duffel Bag (501c3) provides coaching, training and ongoing advocacy to at-risk youth; support to their guardians and caring adults; and service to the community in a spirit of offering hope and enriching young lives.

Team Orange – Be the One!

VOLUNTEER APPLICATION

Please complete application and fax to 770.783.2720 or email DBlack@theODBi.org

Date		Date of Birth		Office Use Only:	
Contact Information					
Last Name		First		Middle	
Home Address		Apt/Bldg	City		State Zip Code
Business Address		Suite	City		State Zip Code
Home Phone	Business Phone	Cell Number	Fax Number	E-Mail Address	
My preferred mailing address is: Home address <input type="checkbox"/> Business address <input type="checkbox"/>					
Employer			Occupation		
Emergency Contact					
Name		Day Phone	Evening Phone	Relationship	
Experiences (include both paid and volunteer work experience, beginning with most recent)					
Organization Name		Address		Phone	
From	To	Supervisor's Name/Title			
Organization Name		Address		Phone	
From	To	Supervisor's Name/Title			
Please list your volunteer duties at the above organizations:					
Current Professional Licenses and/or Certifications					
Type	Number		State	Expiration Date	
Type	Number		State	Expiration Date	
Education (highest level achieved)					
Institution Name		City/State	Degree/Major	Date Attended	
Volunteering Interest(s)					
Project <input type="checkbox"/> Youth Advocate <input type="checkbox"/> Office <input type="checkbox"/> Special events <input type="checkbox"/> Skill building activities <input type="checkbox"/> Outings <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____					
Language Skill Proficiencies					
List Language: _____					
Language: Speak: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>		Read: High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>		Write: High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>	
Language: Speak: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>		Read: High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>		Write: High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>	

Skills please check up to four from the list)				
Accounting <input type="checkbox"/> Administrative Support <input type="checkbox"/> Communications <input type="checkbox"/> Computer Support <input type="checkbox"/> Counseling <input type="checkbox"/> Data Entry <input type="checkbox"/>	Driving <input type="checkbox"/> Events Coordination <input type="checkbox"/> Filing <input type="checkbox"/> Financial Consultant <input type="checkbox"/> Fund Raising <input type="checkbox"/> Graphic Design <input type="checkbox"/>	Journalism <input type="checkbox"/> Management <input type="checkbox"/> Photography <input type="checkbox"/> Project Management <input type="checkbox"/> Public Relations <input type="checkbox"/> Public Speaking <input type="checkbox"/>	Teaching <input type="checkbox"/> Technical Writer <input type="checkbox"/> Volunteer Advisor <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____	
Availability				
Monday AM <input type="checkbox"/> Monday PM <input type="checkbox"/> Saturday AM <input type="checkbox"/> Saturday PM <input type="checkbox"/>	Tuesday AM <input type="checkbox"/> Tuesday PM <input type="checkbox"/> Sunday AM <input type="checkbox"/> Sunday PM <input type="checkbox"/>	Wednesday AM <input type="checkbox"/> Wednesday PM <input type="checkbox"/>	Thursday AM <input type="checkbox"/> Thursday PM <input type="checkbox"/>	Friday AM <input type="checkbox"/> Friday PM <input type="checkbox"/>
Have you worked as an ODBI volunteer, and if so in what capacity?				
A "yes" answer to the following italicized question does not necessarily disqualify an applicant. <i>Have you ever been convicted of a felony or misdemeanor? Please list the state and date if applicable?</i> If yes, please explain.				
Have any of your certifications ever been revoked? If yes, please explain.				
Why do you wish to volunteer with Orange Duffel Bag? (optional)				
Do you wish to volunteer as a STUDENT ADVOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No Overall Role of ODBI Youth Advocate: Level 1: Participating 12-Week & CCC Advocate Advocate attends at least 9 of the 12 classes and contacts students each month following the ODB graduation. Forms of contact include: in-person in a public setting, phone call, email, text or Facebook message. Level 2: Mentoring Advocate Advocate is assigned 2-3 students to contact monthly following their ODBI graduation. Forms of contact include: phone call, email, text or Facebook message. Advocate is given a list of questions to ask students which are included in the Youth Contact Form. Level 3: Resource Advocate Collects information that would help youth attain their educational and employment goals and/or help raise awareness of issues in foster care. Information may be published on the ODBI website, Advocate handbook and ODBI Facebook updates. Please email dblack@theodbi.org for class schedules and further information.				

Two References Required: Name: Address: Phone:	Name: Address: Phone:
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In an effort to assure your safety and the safety of those we serve, Orange Duffel Bag requires that all its officers, board members, youth advocates and volunteers who work directly with children complete a background check and possible fingerprint check prior to service.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein the references listed to give any and all information concerning my employment, personal issues, or other matters, and release all parties from all liability for damage that may result from furnishing same to you. I agree to participate in a background verification process. I agree to a required background/fingerprint check and completing a Mandated Reporter online class for certification (emailing cert to ODBI), both at no cost to me, prior to working with youth.

Signature Date

Print Name

ODBI USE ONLY

Received ____ Contacted ____ Orientation ____ Session ____ Background Check ____



VOLUNTEER RULES

Orange Duffel Bag Initiative (ODBI) is by law required to maintain and uphold the Georgia Code and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it relates to protecting the confidentiality and safety of those for whom we provide services. Because of this there are certain stipulations that each volunteer must be aware of and agree to before interacting with our youngsters.

- 1) ____Confidentiality Statement: Youth may discuss/reveal personal information that by law must remain confidential. As such volunteers are required to sign a Confidentiality Statement agreeing not to reveal information regarding ODBI clients without the express approval of the child's legal guardian.
- 2) ____Photos & Contact w/Youth: No photos may be taken of an ODBI client in foster care or who is a minor. Personal contact with youth (except for email/text/phone) outside of class must be approved by an ODBI officer.
- 3) ____Liability Policy: ODBI assumes no liability or responsibility for personal items. No reimbursement will be made for damage to or destruction of these personal items; exercise reasonable precautions with personal items.
- 4) ____Injury: Volunteers accept sole responsibility for any accident or injury that may incur during the time in which you are an ODBI volunteer.
- 5) ____Gifts: Gifts given to our kids or the group homes MUST be cleared by ODBI and delivered to an officer or coach. This assures all safety and therapeutic considerations are observed.
- 6) ____Hours: Volunteers will log their hours and report monthly noting the three areas of support where they donated time: Program; Administrative; Fundraising. Advocates will report contact with youth per agreement and attend classes as agreed except in cases of emergency.

I have read, initialed each above item, understand and agree to these guidelines.

Print name: _____ Volunteer's Signature _____ Date _____

VOLUNTEER STATISTICAL INFORMATION

Orange Duffel Bag Initiative, in recognition of its responsibility to volunteers, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its practices, for all persons. Orange Duffel Bag Initiative does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, or national origin, or against any qualified handicapped individual or veteran disabled or not. The following information is requested only to determine the diversity of ODBI volunteers. While completion is optional, it would be most helpful to us as we monitor the complete record of our program.

Gender: Male ☐ Female ☐
Veteran: Yes ☐ No ☐
Disabled: Yes ☐ No ☐
Relationship Status: Married ☐ Single ☐ Divorced ☐ Widowed ☐ Partner ☐
Ethnic group:
Hispanic or Latino ☐ White (Not Hispanic or Latino) ☐ Black or African American (Not Hispanic or Latino) ☐
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) ☐ Asian (Not Hispanic or Latino) ☐
American Indian or Alaska Native (Not Hispanic or Latino) ☐ Two or More Races (Not Hispanic or Latino) ☐

Thank you for your interest in being an ODBI Volunteer!