

world relief[®]

DUPAGE/AURORA

AmeriCorps Application

Date: _____

PERSONAL

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Birth Date: _____ Email Address: _____

Have you ever been convicted of a criminal offense other than a traffic violation? (Do not include criminal record information that has been ordered expunged, sealed or impounded.) YES NO

How did you hear about World Relief: _____

EDUCATION

Institution: _____

City: _____ State: _____

Degree/Major: _____ Date Awarded/Anticipated: _____

Institution: _____

City: _____ State: _____

Degree/Major: _____ Date Awarded/Anticipated: _____

List any Clubs, Memberships, and Organizations you are currently involved with: _____

AVAILABILITY

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (8:30am-12pm)							
Afternoon (12pm-5pm)							

Please check area of interest:

Fiscal Year 2020 positions at World Relief DuPage/Aurora include Children & Youth positions and Youth Employment Mentoring positions.

- Children & Youth Services:** Help refugee families navigate school enrollments, prepare students for their first day of school, and assist with after-school clubs and/or summer camps.
- Youth Employment Mentoring Volunteer Mobilization:** Assist refugees on their journey toward self-sufficiency through support, employment training, and case management.

Why do you want to work with World Relief?

Describe any previous cross-cultural experience that you have.

Transportation: Do you have access to transportation (i.e., car)? YES NO

Ethnicity (optional): _____

Languages Spoken (include level of fluency): _____

EMPLOYMENT EXPERIENCE

Employment: _____ Title/Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Supervisor: _____ Phone Number: _____

How many hours/week do you work? _____ Can we contact your supervisor? YES NO

How long have you worked at this location? _____

What special skills have you learned and/or utilized in this position? _____

REFERENCES

(Please list two individuals, not related to you.)

(1) Full Name: _____ **(2)** Full Name: _____

Relationship: _____ Relationship: _____

Email: _____ Email: _____

Daytime Telephone: _____ Daytime Telephone: _____

(3) Name of Church (optional): _____

Address: _____ Length of Involvement: _____

Pastor's Name: _____ Daytime Phone: _____

Email: _____

Please return completed AmeriCorps application to:

Holly Tseng, Volunteer Mobilization Director

World Relief DuPage/Aurora

191 S. Gary Ave, Suite 130

Carol Stream, Illinois 60188

(630) 462-7566 ext. 1046

htseng@wr.org

Mission, Vision, Values Acknowledgement Form

Mission

Empowering the local Church to serve the most vulnerable

Vision

In community with the local Church, World Relief envisions the most vulnerable people transformed economically, socially, and spiritually.

Values

The Example of Jesus as we serve those who are suffering from poverty and injustice, regardless of color, belief, or gender, as part of God’s plan to redeem, reconcile, and restore the world. We seek to follow Jesus by living holy, humble, and honest lives individually and corporately.

The Local Church as a primary agent of bringing peace, justice, and love to a broken world. The integrated “word” and “deed” dimensions of God’s mandate, as evidenced through the church’s integral, or transformational, mission are necessary to bringing reconciliation and restoration to God, others, and the environment.

People whether staff, volunteers, clients, beneficiaries, donors, and partners, as important actors in bringing peace, love, and justice. We recognize and affirm World Relief as a multicultural organization and seek to understand and respect the multiplicity of cultures among us. As we seek change in the world, we recognize that we, too, are changed, by those we serve.

Excellence/Continuous Improvement in all our program initiatives and support services, following best practices and standards in a manner that is sustainable to the community from a spiritual, social, and economic perspective. We also seek to apply our human and financial resources in such ways that maximize impact and sustain benefits to the greatest number of people.

Empowerment by prioritizing the leadership and participation of those we serve, whether people, churches, or local institutions, as critical to creating and sustaining change. We seek to catalyze a movement of worldwide volunteers to multiply impact, and we value capacity-building as a means towards that end.

Partnership by seeking, facilitating, and promoting collaboration among all stakeholders, including local governments, the worldwide church, mission agencies, other NGO’s, and the business community, recognizing partnership as essential to serving the most vulnerable. We believe each expression of the worldwide Church has a unique and interdependent role in bringing peace and justice to the world.

Prayer is the priority and foundation to accomplishing our mission.

I hereby acknowledge that I have read and understand the Mission, Vision and Values of World Relief and will respect them in the manner in which I serve.

Signature

Date

Name (Printed)

You do not have to be a Christian to serve as an AmeriCorps member with World Relief.

We simply ask that you respect our Mission, Vision, and Values and understand that we are a Christian organization dedicated to living out Christian principles. Our expectation is that you will facilitate a relationship with staff, clients, and community that is indicative of our stance of preserving dignity and empowering those we serve.

Health & Communicable Disease Policy

General Health Precautions:

World Relief DuPage/Aurora strongly encourages the use of general health precautions in all offices, off-site programs, home-based and transportation services, and volunteer training material. These general precautions include everyday steps to protect your health and the health of those around you, such as:

- Cover your nose and mouth with your elbow or a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you must touch or assist someone who is sick or injured, use new medical gloves, especially if you may come in contact with bodily fluids. This is for the protection of both you and the injured person. Follow proper incident reporting procedures.
- Make First Aid Kits available for staff and volunteers at any official World Relief office or program site.
- If you are sick with influenza or another communicable disease, the CDC (Center for Disease Control) recommends that you stay home from work or school and limit contact with others to keep from infecting them. Avoid touching your eyes, nose or mouth.

Role of the Health Department:

According to the Illinois Department of Public Health, it is the role of the local health department to monitor infectious diseases and conditions that are “able to be passed from one person to another (communicable) and/or diseases and conditions that pose a risk to the public’s health in general. The Communicable Disease program investigates each individual report and contacts either the individual who has the disease or condition, the medical provider caring for the individual and/or any others who may be at risk” (source: Kane County Health Dept: <http://www.kanehealth.com/FAQs.htm>).

Some service providers – including health care providers, hospitals, and laboratories – are required to report certain infectious diseases to county health departments within certain timeframes (see <http://www.kanehealth.com/PDFs/Diseases/ReportDiseasesPoster4-08.pdf> for more information about which conditions must be reported).

World Relief staff members do not have the authority to determine who may have been exposed to a communicable disease or what kind of testing or treatment to recommend. If you think that you may have been exposed to a communicable disease or have any other related questions, please contact your local health department:

- DuPage County Health Department (<http://www.dupagehealth.org/>): 630.682.7400
- Kane County Health Department (<http://www.kanehealth.com/index.htm>): 630.264.7652

If any World Relief staff or volunteers have been exposed to a communicable disease, this will be evaluated by the health department and they will follow-up with each person (or manager) directly.

For more information about a variety of health issues that may affect Illinois residents, please see the health fact sheets at: <http://www.idph.state.il.us/public/hbhome.htm>

RELEASE OF LIABILITY WAIVER – INTERNS & VOLUNTEERS

Intern/Volunteer Full Name: _____

CRIMINAL BACKGROUND CHECK

I understand that I must pass a Criminal Background Check in order to intern or volunteer with World Relief.

- YES
 NO

HEALTH RISKS & CONFIDENTIALITY

By signing this form, I confirm that I am aware that World Relief clients or staff may have communicable diseases and I should use good hygiene practices and Universal Health Precautions when interacting with clients or staff. I recognize that client and staff health information is confidential, in accordance with state and/or federal law. World Relief cannot disclose information regarding medical status unless legally authorized by the client or other legal authority.

Universal Health Precautions include:

- Use gloves when administering first aid
- Avoid contact with blood and bodily fluids
- Wash your hands with soap and water for at least 20 seconds.

Other Good Hygiene Practices includes:

- During times of outbreaks of illness, avoid shaking hands or otherwise touching clients or other individuals while volunteering for World Relief, if at all possible
- Refraining for volunteer work while having any symptoms of illness
- Self-quarantining in accordance with CDC guidelines if exposed to any communicable disease that can be readily transmitted in World Relief volunteer scenarios

I acknowledge that World Relief may suspend volunteer activities in order to safeguard public health, and I recognize that I could become ill from communicable diseases encountered during World Relief volunteer activities, despite taking Universal Health Precautions and practicing other Good Hygiene Practices. I assume this risk in my role as a volunteer.

I understand that at any time, I may advise World Relief that I will suspend volunteering due to my concerns regarding any communicable illnesses. I also understand that if I have any symptoms of illness, I am not permitted to volunteer in any capacity that involves contact with others.

FINANCIAL AGREEMENT

By signing this form, I confirm that I do not expect any financial compensation for my services.

PHOTOGRAPHY RELEASE

I give World Relief permission to photograph me and use such photos in World Relief promotional materials and related publications without remuneration to me.

- YES
 NO (I do not give World Relief permission to use my photo)

MOTOR VEHICLES

All interns/volunteers must have a valid driver's license and pass a Motor Vehicle Records Check in order to operate a World Relief vehicle, or a personal vehicle while on company business.

By signing this form, I confirm that I am covered by personal liability and property damage automobile insurance that meets the minimum state requirements. I understand that I am responsible for all damage and liability claims to my personal vehicle. I affirm that any vehicle I operate while interning or volunteering with World Relief is owned by me or that I have express permission granted by the

owner to operate this vehicle. I understand that if I permit anyone other than myself to operate my vehicle, I do so at my own risk and that my insurance may be implicated in the event of any injury or damage to property.

YES

NO (I will not be driving as part of my assignment)

PREVENTION OF SEXUAL EXPLOITATION & ABUSE

World Relief defines the term 'sexual exploitation' as any actual or attempted abuse of position of vulnerability, differential power, or trust, for sexual purposes, including but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. The term 'sexual abuse' means actual or threatened physical intrusion of a sexual nature, whether by force, coercion or under unequal conditions. World Relief has a zero-tolerance policy for exploitative and abusive relationships. Likewise, we will also not tolerate any actions that jeopardize employee security or the reputation of our organization. It follows, therefore, that interns and volunteers should have:

- No sexual contact with children under the age of 18 (mistaken belief of age is not a legitimate defense)
- No sexual contact with or intimate relationships with World Relief beneficiaries/clients.

Acts of sexual exploitation and abuse will result in disciplinary action, up to and including dismissal. By signing this form, I agree to act in a professional and ethical manner in accordance with the Sexual Exploitation and Abuse Code of Conduct.

RELEASE OF LIABILITY

By signing this form, I confirm that I am aware of the potential risks to which I may be exposed during the assignment that I have voluntarily accepted with World Relief. I have thoroughly investigated the conditions of my assignment with World Relief and fully understand the potential risks of serving in this particular capacity. With such knowledge, I hereby indemnify and hold harmless World Relief, and waive any and all legal claims against World Relief for any injuries, direct and consequential damages, or loss that may result from my service, assuming all of such risk unto myself.

Intern/Volunteer Signature

Date

Parent/Guardian Signature (if under 16 years old)

Date