



WHERE CRISIS BECOMES  
*Opportunity*



# GROUP VOLUNTEER APPLICATION

Volunteering with Northwest Compass is a great way for your team to help your friends and neighbors in and around the Northwest suburbs of Chicago. In order that your time and talents may be best utilized, please complete this application:

## On your laptop or desktop computer:

Complete this application using **Acrobat Reader**. You should see a **purple message bar** indicating the presence of **fillable fields** (Note: you may need to download this form to your computer.)

**Clicking this bar** shows **where fillable fields exist**. If necessary, right-click the document, and select either the Hand Tool or the Select Tool from the pop-up menu.

The pointer changes to a different icon as you move it over a field. For example, the Hand tool changes to an I-beam when you can type text into the form field. Some text fields are dynamic, meaning that they automatically resize to accommodate the amount of data you enter and can span across pages.

## Optional:

To make form fields easier to identify, **click the Highlight Existing Fields button** on the document message bar. Form fields appear with a colored background (light blue by default), and all required form fields are outlined in another color (red by default).

**Click** to select options, such as radio buttons, or inside a text field to type. **Press Tab** to move forward or **Shift+Tab** to move backward. When finished, click the **share or submit button to create an e-mail** to send the application to [GivingBack@NorthwestCompass.org](mailto:GivingBack@NorthwestCompass.org). The share/submit button can appear in the purple message bar at the top of the form or in the form content.

For troubleshooting tips on completing forms, see [Troubleshooting forms](#).

## On your mobile device (phone or tablet):

Use Adobe Reader Mobile to complete the application and e-mail to [GivingBack@NorthwestCompass.org](mailto:GivingBack@NorthwestCompass.org).

## Write-In and Mail:

Alternately, you may print this application out and mail to:

Northwest Compass  
ATTN: Giving Back  
1300 W. Northwest Highway  
Mount Prospect, IL 60056

## GENERAL INFORMATION

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Group Name/Affiliation \_\_\_\_\_

Group Size \_\_\_\_\_ # Minors (age 12-18) in Your Group \_\_\_\_\_ Note: Volunteers under age 12 are not permitted.

Street Address \_\_\_\_\_

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

## PRIMARY CONTACT

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Name \_\_\_\_\_

Phone (Please include extension or provide direct dial # when possible) \_\_\_\_\_

eMail Address \_\_\_\_\_

Preferred Contact \_\_\_\_\_

## ALTERNATE CONTACT

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Name \_\_\_\_\_

Phone (Please include extension or provide direct dial # when possible) \_\_\_\_\_

eMail Address \_\_\_\_\_

Preferred Contact \_\_\_\_\_

## AVAILABILITY

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Please tell us if your group is interested in volunteering:

One-time only       Regularly       Occasionally

When is your group available to begin volunteering?

Right Away       Specific Date \_\_\_\_\_

Do you have a Volunteer Project in mind?

No, please suggest a project that will best utilize our group's time and talent.

Yes. Please describe: \_\_\_\_\_

*(continued on next page)*

## DOCUMENTATION

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Is your group volunteer project eligible to receive third-party consideration such as, but not limited to, employer match, employer compensation, school credit, certificate or merit badge that requires documentation of your volunteer service by Northwest Compass?

No

Yes. Please describe: \_\_\_\_\_

## NORTHWEST COMPASS, INC. POLICIES FOR VOLUNTEER GROUPS

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**Adult Supervision.** For volunteers under the age of 18, there must be a minimum of one adult for every ten minors acting as a chaperone. Adults are expected to supervise and keep the group on task.

**Group Coordinator.** The volunteer group must identify a Group Coordinator who is responsible for the safety and well-being of the group members and will:

- provide coordination and supervision for the group while volunteering
- ensure all members adhere to Northwest Compass policies and procedures

**Buddy System.** Have volunteers under 18 use the “buddy system” when taking a break or using the facilities. This will further ensure safety.

**Cancellation.** If possible, please inform Northwest Compass 48 hours in advance of the date of volunteering if you choose to cancel the assigned volunteer project.

**Placement.** Northwest Compass makes every effort to match volunteer applicants to volunteer opportunities based on the interests and availability of the group, however we cannot guarantee volunteer placement.

**Parental Consent.** It is the responsibility of the Volunteer Group Coordinator to obtain a signed Release from Liability, Emergency Contact and Parent/Guardian Consent for each group member under the age of 18 (please see pages 4/5 of this application.)

**Note:** volunteers under age 12 are not permitted to participate as Northwest Compass volunteers.

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# NORTHWEST COMPASS, INC.

## RELEASE FROM LIABILITY

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Without limiting the generality of the following, for all applicants, we hereby waive and release all rights, actions, or causes of action against Northwest Compass, Inc., 1300 W. Northwest Highway, Mt. Prospect, IL 60056 ("Northwest Compass") resulting from personal injury or death to anyone in our group, or damage to our property, sustained in connection with our participation in any volunteer project sponsored or associated with Northwest Compass. We, our assignees, heirs, guardians, and legal representatives, will not make any claim against Northwest Compass, or any of its affiliated organizations, officers or directors, collectively or individual.

Further, we consent to the unrestricted use by Northwest Compass, and/or person(s) authorized by them, of any photographs of our group when performing volunteer services for Northwest Compass.

Signed this \_\_\_\_\_ in Mount Prospect, IL 60056.  
mm/dd/yyyy

### Group-Authorized Volunteer

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_

eMail Address \_\_\_\_\_

### Witness

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

*(continued on next page)*

## IN CASE OF EMERGENCY CONTACT

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Name \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

eMail \_\_\_\_\_

Contact Phone \_\_\_\_\_

**NOTE: FOR EACH VOLUNTEER UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN BELOW:**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

## OUR POLICY

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It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for your interest in volunteering with us and for completing this application. You will hear from us shortly.