Dear Prospective Volunteer,

Thank you for your interest in volunteering with Community Empowerment Group of South Carolina (CEG of SC)! Volunteers are an essential part of our organization and we could not support the community at the capacity we intend to without the dedication and unwavering energy of our volunteers, community members, and leadership board. Our volunteers will be helping with our fundraisers and donating their time and empathy in our other services and programs.

**What We Look for in Volunteers**

* An open mind and a willingness to continually learn new information and skills.
* A commitment to providing resources to the homeless, elderly, veterans, men, women, and children from various backgrounds and situations throughout South Carolina.
* Good verbal communication skills.
* The willingness to help empower communities by investing in each other with activities that promote independence, well-being, and togetherness.
* The ability to take care of yourself when working in any environment that is presented to you.

We have many volunteer positions doing both direct service and indirect service work. You can contact our Director of Volunteer Services or any member of our Leadership Board for more information.

**How to Become a Volunteer**

* Fill out the attached volunteer application and return it to CEG of SC.
* Meet with the Director of Volunteer Services and/or Leadership Board member in person to further discuss the volunteer program, your volunteering interests, and which position would be the best fit for you.
* Sign our volunteer agreement form and mail it to the address listed below or scan and email the form to [info@cegofsc.org](mailto:info@cegofsc.org).

Having volunteers who are representative of our community and are passionate about making changes one community at a time and working inclusively with people from all walks of life is extremely impactful. People of all races or ethnicities, men and other genders, people of any sexual orientation, age, socio-economic class, and ability are welcome and encouraged to apply.

**Volunteer Application for Minors (Under Age 18)**

|  |  |  |
| --- | --- | --- |
| Name: | | Date: |
| Street Address: | City, State: | Zip: |
| County: | Parent/Guardian Phone: | OK to leave message? |
| Parent/Guardian Email: | Occupation/School: | Age: |
| Language other than English? | Birth Date: | Other Info: |

It is important to CEG of SC that we are reaching out to potential volunteers in a variety of populations and communities so that our volunteer pool reflects the diversity of the people we serve. The next few questions are to help us better keep track of who is interested in volunteering with us. The next few questions are confidential, and optional. Volunteers will not be accepted based on their responses to these questions.

**Availability:** Please check boxed to mark your volunteering preferences.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Are your service hours required by your school, internship program, or through another program? If so, how many hours are required? By what date?

Do you own or have access to a truck that you would be willing to use to move donations, office supplies, or other furniture with?

Are you able or willing to help with moving heavy objects?

How did you hear about Community Empowerment Group of SC?

Why are you interested in volunteering with us?

What do you hope to gain through your volunteer experience?

What does “empowerment” (or to “empower someone”) mean to you?

Are you willing to sign a contract outlining the boundaries we expect Yes No

volunteers to maintain?

Please list one personal and one professional reference in addition to a person we could contact in case of an emergency while you are volunteering at CEG of SC:

|  |  |  |
| --- | --- | --- |
| Personal Reference | Relationship | Contact Information |
|  |  |  |
| Emergency Contact | Relationship | Contact Information |
|  |  |  |

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Send completed application and questions to:

**Community Empowerment Group of SC**

ATTN: Sheray Jones, Director of Volunteer Services

701 Gervais St., Suite 150-539

Columbia, SC 29201

Email: [info@cegofsc.org](mailto:info@cegofsc.org)

Phone: 803.445.3522