



Volunteer Connect Douglas County
Membership Application

Organization Information

Legal Name of Organization: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone (ofc): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Name of CEO or Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date 501(c)(3) status granted: \_\_\_\_\_

Year Founded: \_\_\_\_\_ If you are a 501(c)(3) organization, what is your EIN #: \_\_\_\_\_

Does your organization file an IRS 990 form: [ ] Yes [ ] No If so, what year was it filed last? \_\_\_\_\_

What is your organization's budget for this calendar year? \_\_\_\_\_

A. Which best describes your organization? (check all that apply)

- [ ] 501(c)(3) nonprofit organization [ ] 501(c)(4) nonprofit organization
[ ] 501(c)(6) nonprofit organization [ ] 501(c)(7) nonprofit organization
[ ] Faith-based organization (nonprofit)
[ ] School: [ ] Public [ ] Private (nonprofit) [ ] Charter
[ ] Government agency: [ ] City [ ] County [ ] State [ ] Federal Government [ ] Quasi Government
[ ] Community-based organization: [ ] Chamber of Commerce [ ] Merchant Assoc. [ ] HOA
[ ] Nonprofit community organization—please explain: \_\_\_\_\_
[ ] Specific for-profit organization that serves community needs and has well-defined roles for volunteer involvement: [ ] Hospital/Hospice [ ] Skilled Nursing/Assisted Living Facility
[ ] Other (please explain): \_\_\_\_\_



## Volunteer Connect Douglas County Partnership Posting & Technology Policies

### K. Guidelines

1. Approved partners will submit, monitor and manage their own volunteer opportunities on the Volunteer Connect Douglas County website.
2. Approved community organizations may post volunteer opportunities; however, Volunteer Connect Douglas County reserves the right to decline any volunteer opportunity that appears to directly promote the needs of the business instead of the needs of the community.
3. The Volunteer Connect Douglas County Partnership gives your organization website access for your directors, staff and volunteers. Please do not share your login information with others not associated with your organization. If this occurs, portal rights may be revoked.
4. Upon approval and payment of your annual membership fee, your organization will be able to use the Volunteer Connect Douglas County website for a period of one calendar year. Memberships that start within the calendar year will be prorated for the remaining months of that current year and all annual renewals will be invoiced in January, each year thereafter. If your membership is not renewed, all login access and posting ability will be inactivated until your organization wishes to reapply, and all opportunity postings and volunteer history will remain within the database in an inactive status.

## Volunteer Connect Douglas County Partnership Agreement

### L. Volunteer Connect Douglas County agrees to:

1. Include all of your validated volunteer opportunities in our searchable Volunteer Connect Douglas County online system.
2. Operate and maintain the Volunteer Connect Douglas County website and all the stored data.
3. Publicize and promote the Volunteer Connect Douglas County website as a resource through printed materials, online presence, social media, outreach fairs, and the existing publicity outlets for the members of the Partnership of Douglas County Governments.

### M. The Organization whose name appears on the first page of the Membership Application

**agrees to:** *(Note: if there is a statement you cannot check, please attach a brief written explanation to this document.)*

- Affirm that all of the opportunities posted on Volunteer Connect Douglas County will be located within Douglas County and benefit an organization within Douglas County.**
- Affirm that any and all posted events and locations a volunteer will report to are within the limits of Douglas County.**
- Provide verification of adequate liability insurance that covers volunteers (or disclose lack of coverage to volunteers through a liability waiver or similar document).
- Designate a staff person to manage volunteers.
- Provide orientation, training, support, or on-the-job supervision for volunteers to ensure someone is available to answer questions and their assignment can be completed appropriately.

- Provide services without regard to race, color, religion, gender, sexual preference, national origin, age, marital or veteran status, or the presence of a nonrelated medical condition or disability.
- Be listed as a Volunteer Connect Douglas County member.
- Share organizational statistical data that can be included in system-wide reports.
- I have reviewed this Partnership Agreement** and I agree my organization will abide by all the outlined requirements. I understand Volunteer Connect Douglas County reserves the right to suspend or revoke our Member, Partner Organization, or Community Partner status and/or benefits at any time for any reason.
- I have the authority to submit this application on behalf of the organization listed above.**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

Please email application to: [lodell@dclibraries.org](mailto:lodell@dclibraries.org)

Or mail to: Linda O'Dell  
Douglas County Libraries  
Volunteer Connect Douglas County  
100 S. Wilcox Street  
Castle Rock, CO 80104