



## VOLUNTEER PARTICIPATION AGREEMENT

1. I have applied to participate as a volunteer of the HoosierCorps, a program of the Indiana Housing and Community Development Authority (IHCDA), in partnership with the Department of Workforce Development (DWD) and the Office of Faith-Based and Community Initiatives (OFBCI).
2. I understand that as a volunteer in HoosierCorps, IHCDA, DWD or OFBCI will **not**:
  - pay for my services;
  - reimburse me for my expenses; or
  - cover me by any insurance including but not limited to medical, property, health, liability insurance and workers' compensation benefits.
3. I further agree that I will volunteer 40 hours in each calendar month for the duration of my HHF benefits, unless I am waived from service per the policies in this manual.
4. I am aware that my participation as a volunteer in HoosierCorps may be terminated at any time by IHCDA, OFBCI, DWD or by me, and such termination of participation may affect my eligibility for and the receipt of payments under the Hardest Hit Fund.

---

Name (signature)

---

Name (printed)

---

Date



INDIANA FORECLOSURE PREVENTION NETWORK

### HoosierCorps

## VOLUNTEER VERIFICATION OF HOURS FORM

Directions about how to complete this form are on the following page.

**Volunteer Name** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Agency Phone Number** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**Name of Site Supervisor** \_\_\_\_\_

**Dates and hours served (please include month, day and year):**

Date	Activity	Hours		Date	Activity	Hours
<b>TOTAL HOURS SERVED</b>				<b>TOTAL HOURS SERVED</b>		

**First day of service at this agency:**            \_\_\_/\_\_\_/\_\_\_

**Anticipated last day of service at this agency:**   \_\_\_/\_\_\_/\_\_\_

**Volunteer Signature** \_\_\_\_\_

**Site Supervisor Signature** \_\_\_\_\_



INDIANA FORECLOSURE PREVENTION NETWORK

## HoosierCorps

### DIRECTIONS FOR COMPLETING THE VOLUNTEER VERIFICATION OF HOURS FORM

#### Directions for completing this form:

- Please print neatly.
- Use one form per agency. You may copy this form.
- Please fill in the entire form. When recording dates, please include month, day, and year.
- Once you have completed 40 hours of approved volunteer service, have your volunteer coordinator/manager sign the forms.
- Once signed by you and the volunteer coordinator/manager, make 2 copies – one for your records, and one for the agency. Return all forms to the HHF Counselor that was assigned to you.



INDIANA FORECLOSURE PREVENTION NETWORK

## HoosierCorps

### CHANGE IN VOLUNTEER SERVICE FORM

#### PART 1

Volunteer Name \_\_\_\_\_

Volunteer Email/Phone \_\_\_\_\_

Name of Agency \_\_\_\_\_

Agency Phone Number \_\_\_\_\_

Agency Address \_\_\_\_\_

Name of Site Supervisor \_\_\_\_\_

Check the type(s) of changes that will occur.

- \_\_\_\_\_ Change in Volunteer Job Description or Assignment
- \_\_\_\_\_ Change in Volunteer Site Location
- \_\_\_\_\_ Change of Site Supervisor
- \_\_\_\_\_ Change in the Agency where you volunteer
- \_\_\_\_\_ Change in Start Date of Volunteer Service
- \_\_\_\_\_ Change in End Date of Volunteer Service

Please use the form on the next page to provide more detailed information about the changes that will occur.

Volunteer Signature \_\_\_\_\_

Site Supervisor Signature \_\_\_\_\_



INDIANA FORECLOSURE PREVENTION NETWORK

Date \_\_\_\_\_

## CHANGES IN VOLUNTEER SERVICE FORM

### PART 2

Current Information	
Current Volunteer Assignment	
Name of Current Site Supervisor	
Current Site Location	
Name of Current Agency Where Volunteer Service is Performed	

New Information	Effective Date
New Volunteer Assignment	
Name of New Site Supervisor	
New Site Location	
Name of New Agency Where Volunteer Service is Performed	



INDIANA FORECLOSURE PREVENTION NETWORK

## HoosierCorps

### COMPELLING CIRCUMSTANCES FORM

Volunteer Name \_\_\_\_\_

Name of Agency \_\_\_\_\_

Agency Phone Number \_\_\_\_\_

Agency Address \_\_\_\_\_

Name of Site Supervisor \_\_\_\_\_

Start date of service at this agency: \_\_\_\_\_

Last date of service at this agency: \_\_\_\_\_

Do you expect to be able to return to HoosierCorps?

Yes \_\_\_ No \_\_\_ Not Sure \_\_\_

If 'yes,' what date do you expect to return? \_\_\_\_\_

Please describe the compelling circumstances that have affected your ability to complete your participation in HoosierCorps.

---

---

---

---

---

---

---

---

---

---





INDIANA FORECLOSURE PREVENTION NETWORK

**HoosierCorps**

## **VOLUNTEER EXIT FORM**

**Volunteer Name** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Agency Phone Number** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**Name of Site Supervisor** \_\_\_\_\_

**DATE OF EXIT**     \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for Exit:**

---

---

---

---

---

---

---

---

**By signing below, I certify that the information on this form is true and correct.**

\_\_\_\_\_  
**Volunteer Name (Signature)**

\_\_\_\_\_  
**Volunteer Name (Printed)**

\_\_\_\_\_  
**Date**





INDIANA FORECLOSURE PREVENTION NETWORK