



Volunteer Michigan Volunteer Connector/Community Partner Commitment Form

Volunteer Michigan provides an opportunity for communities to build volunteer capacity and infrastructure around one of two issue areas: **public safety** or **health**. An important aspect of *Volunteer Michigan* is the creation of a community collaborative, consisting of the volunteer connector plus a minimum of five (5) key organizations organized around one of the issue areas.

The collaborative will be very important to the overall success each community has with *Volunteer Michigan*. Collaborative members are expected to be active, participatory, and contributing members. Your support will be central to the success of this initiative.

Each Volunteer Connector and Collaborative Partner must complete, sign, and date a separate copy of this form (a minimum of 6 forms).

Issue Area? SELECT ONE

Health

Public Safety

Please designate your role:

Volunteer Connector

Community Partner

Name:	
Title:	
Organization:	
Phone (with area code):	
Email address:	

Please provide the following baseline information. In the past year:

How many volunteers were utilized by your organization?	
Of these individuals, what percentage would you estimate were ongoing/ repeat volunteers?	
What percentage of your current volunteer pool would you consider “highly skilled”?	
How many volunteer-supported events were conducted?	
What percentage of these events were related to the above-selected issue area of health or public safety?	

Do you have a staff member who has been assigned volunteer coordination responsibilities?	
If yes, what percentage of an FTE are dedicated to volunteer coordination?	

Please describe any previous engagement in one of the national days of service (such as, but not limited to, Martin Luther King, Jr., Day, and 9-11 Day of Service and Remembrance, Global Youth Service Day, and Make a Difference Day).

How does the selected priority area of health or public safety relate to the mission of your organization?

As a Volunteer Connector or Collaborative Partner in support of this *Volunteer Michigan* proposal, I pledge the support and resources of our organization to help fulfill the goals and objectives associated with this proposal. I will also utilize the HandsOn Connect volunteer tracking and management system.

Signature and Title of Authorized Person *Date*
(i.e. Executive Director, Board Chair, etc.)