

Community Sponsor Group “Green Light” Form

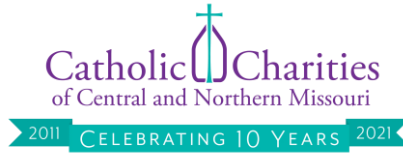
Community Co-Sponsor Group Name

Date

Please check each of the following:

- We have recruited at least 6 dedicated volunteers.
- 100% of these volunteers have completed their individual onboarding which includes CERVIS registration, VIRTUS child protection training, and a completed criminal background check.
- 100% of our drivers have signed a CCCNMO driving policy and submitted copies of license and insurance.
- We have submitted a group application and have received feedback from the Community Sponsorship Coordinator
- We have clearly outlined our group’s team leaders and the various committee members. Roles and responsibilities have been clearly defined.
- We have identified 1 or more interpreters who can work with our group and/or we know how to use Language Link for interpretation services.
- Our group has completed the Baseline Training sessions online.
- We have met the caseworker(s) and have a good understanding of communication expectations.
- We understand that CCCNMO will set up a WhatsApp chat for our group to communicate and that only onboarded group members will be allowed to join the group.
- We have raised a minimum of \$2,000 and are ready to furnish accommodations, provide necessities, or help in emergencies.
- We understand how to document cash and in-kind donations in CERVIS and have designated a Record Keeping Manger to lead that effort.
- We understand the importance of documenting our volunteer hours in CERVIS and will be compliant with agency and federal requirements.





- We have signed and submitted a Memorandum of Understanding.
- We have a mental health emergency plan in place.
- We understand we are representatives of CCCNMO Refugee Services in the community and we will do our best to be good stewards of the agency.

For a newly arriving case:

- We will be ready to receive a family/group with 48 hours' notice. (We understand that we could wait for up to 3 months, and we are prepared to be "on-call" on 48 hours' notice for up to 3 months.)

Group Lead Name: _____

Committee Leader Names: _____

Group Lead Signature: _____

Contact Phone: _____ **Email:** _____

For CCCNMO use only

Green Light Approved By

Date