

HOUSE OF HOPE SUNNYSLOPE
TRANSITIONAL HOUSING FOR SINGLE MOTHERS

House of Refuge Sunnyslope. Inc
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VOLUNTEER APPLICATION

PROGRAM INFORMATION

The House of Hope Sunnyslope (HHS) is a new program offered by House of Refuge Sunnyslope to provide transitional housing and supportive services to single mothers.

Through the Power and Love of Jesus, our **mission** is to offer single mothers and their children clean and safe housing, supportive services, and life skills coaching to enable them to become a self-sufficient, cohesive family unit.

Our **vision** is to provide single mothers the tools and techniques necessary to break the cycle of poverty by surrounding them with a dedicated team who will inspire hope and promote success through mentoring, goal setting, and accountability tracking.

House of Hope Sunnyslope is a faith-based program designed to utilize a dedicated group of faithful volunteers to surround each family and act as a support system to help the families obtain the skills and confidence to move towards independence. The HHS Case Manager will create a specific plan for each family based on spiritual, financial, emotional and physical needs. Regular meetings will be held to assure the family is performing the expected activities and to set and monitor goals.

We will hold all HHS volunteers to a high level of trust and confidence. We will expect each volunteer to make a commitment to uphold the HHS mission and vision and to promote the program agenda under the careful supervision of their team mentor and the HHS Case Manager.

Please complete this application if you are interested in becoming part of a Family Support Team with House of Hope Sunnyslope. Please answer all questions honestly and completely. Please do not leave anything blank—if a question does not apply, please indicate by answering N/A.

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PERSONAL INFORMATION

NAME: _____ GENDER: M ___ F ___

DATE OF BIRTH: _____ AGE: _____ MARITAL STATUS: _____

CURRENT ADDRESS:

STREET: _____

CITY: _____ STATE: ___ ZIP: _____

PHONE: (CIRCLE PRIMARY METHOD FOR CONTACT)

HOME: _____ CELL: _____ WORK: _____

EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____

BACKGROUND INFORMATION

Have you ever been convicted of a crime? ___ YES ___ NO

If yes, explain when & why: _____

Have you ever been arrested? ___ YES ___ NO

If yes, explain when & why: _____

I understand that a nationwide background check will be conducted before I am approved to work with any families in the HHS program.

INITIAL: _____ DATE: _____

ALCOHOL/DRUG INFORMATION

Do you understand that House of Hope Sunnyslope is an alcohol and drug free campus and program? ___ YES ___ NO

Even though highly unlikely, do you agree to submit to a urine analysis/breathalyzer test if requested? ___ YES ___ NO

I understand that the families we are serving are banned from using alcohol and illegal drugs and should be surrounded by environments free from these substances. I agree that I will encourage them to refrain from these substances and that I will not in any way provide, entertain, or use these substances in their presence.

INITIAL: _____ DATE: _____

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SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, education, volunteering, or other hobbies.

AVAILABILITY

During which hours are you available for volunteer assignments?

WEEKDAY MORNINGS?	_____	WEEKEND MORNINGS?	_____
WEEKDAY AFTERNOONS?	_____	WEEKEND AFTERNOONS?	_____
WEEKDAY EVENINGS?	_____	WEEKEND EVENINGS?	_____

INTERESTS

Please indicate which areas you are interested in offering your time.

<input type="checkbox"/> CHILD ENRICHMENT PROGRAM	<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> LEADING A FAMILY SUPPORT TEAM	<input type="checkbox"/> SPONSORING A FAMILY
<input type="checkbox"/> SPEAKING AT A BI-MONTHLY MEAL	<input type="checkbox"/> LEADING BIBLE STUDIES
<input type="checkbox"/> TEACHING A LIFE SKILLS CLASS	<input type="checkbox"/> SHARING SPECIFIC SKILLS
<input type="checkbox"/> MENTORING	(BUDGETING, GARDENING...)
<input type="checkbox"/> OTHER, PLEASE EXPLAIN: _____	

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PREVIOUS VOLUNTEER EXPERIENCE

Please summarize previous volunteer experience. _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

RELATIONSHIP: _____

CHURCH INFORMATION

NAME OF CHURCH: _____

CHURCH ADDRESS: _____

NUMBER OF YEARS ATTENDED: _____

NAME OF PASTOR: _____

Pastor's Phone Number: _____

LIST ANY COMMITTEE MEMBERSHIPS OR SPECIAL INVOLVEMENT: _____

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CONFIDENTIALITY/BEHAVIOR COMMITMENT

I promise to keep all information about all HHS participants confidential. At no time is it permissible to share participant information with someone outside of the House of Hope Sunnyslope. Participant information stays between the HRS/HHS staff, Family Support Team and Volunteers working directly with each participant. INITIAL: _____

At no time will I share information about the family I am serving with another Family Support Team or Volunteers who are not associated with my specific family, unless permission has been given by the HHS Director or Case Manager. INITIAL: _____

As a volunteer, I am here to serve and love my assigned family as Jesus loved and served. I will always remember the Golden Rule : "Do unto others as you would have them do unto you" in dealing with my assigned family. INITIAL: _____

I understand if at any time it is discovered that I have breached confidentiality, I will be dismissed from volunteering in the HHS program and will no longer be allowed any contact with any HHS family. INITIAL: _____

If at any time I have reason to believe that a participant or a member of the family I am serving is in danger of hurting themselves, hurting someone else, or that they themselves are in danger, it is my responsibility to report this immediately to the HRS/HHS staff. INITIAL: _____

THESE WOMEN ARE PLACING THEMSELVES IN OUR CARE AND ARE LAYING THEIR VERY VULNERABLE LIVES IN FRONT OF US. IT IS OUR DUTY TO TREAT THEM WITH THE KIND OF RESPECT THAT WE WOULD WANT FOR OURSELVES AND OUR FAMILIES AND FRIENDS.

I understand and agree to all of the above statements.

SIGNATURE: _____ DATE: _____

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REFERENCES

Please provide 3 personal references—not related to you.

1. NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____
RELATIONSHIP TO YOU: _____

2. NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____
RELATIONSHIP TO YOU: _____

3. NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____
RELATIONSHIP TO YOU: _____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer with the House of Hope Sunnyslope, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME (PRINTED); _____

SIGNATURE: _____

DATE: _____