

SEEDS OF HOPE VOLUNTEER APPLICATION

Homeless is not Hopeless

Personal Information

Full Legal Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ email: _____

Social Sec. #: _____

Date of Birth ____/____/____ Gender: Male Female

Please list all members of your household:

Name Sex Age Relationship to Applicant

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Working: Full-time Part-time Contingent/PRN

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Working: Full-time Part-time Contingent/PRN

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Working: Full-time Part-time Contingent/PRN

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a volunteer?
2. What qualities, skills, or other attributes do you feel you have that would benefit Seeds of Hope?
Please explain.
3. Can you commit to participate in the SOH program for a minimum of one year?
4. Are you available to volunteer at least 8 hours per month?
5. Are you able to meet the physical requirements of volunteering? Do you have any physical limitations we should be aware of? Do you have any allergies?
6. How would you describe yourself as a person?
7. How would your friends, family, and co-workers describe you?
8. Have you ever been arrested or convicted of a misdemeanor or felony? If so, what were the circumstances?
9. Have you ever used illegal drugs? If so, what substances were used and how often?
10. Are you currently using any illegal drugs or controlled substances?
11. Do you drink alcoholic beverages? If so, what and how often?
12. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
13. Do you use tobacco products? If so, what and how often?
14. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
15. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
16. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
17. Are you willing to communicate regularly and openly with the program supervisor, provide monthly information regarding your volunteer activities, and receive feedback regarding any difficulties during your participation as a volunteer?
18. Are you willing to attend an initial volunteer training session?

Please read this carefully before signing:

SOH Mentoring Program appreciates your interest in becoming a volunteer.

Please initial each of the following:

I agree to follow all volunteer guidelines and understand that any violation will result in suspension and/or termination.

I understand that SOH is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

(optional) I agree to allow SOH to use any photographic image of me taken while participating as a volunteer. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license
- At least 3 Personal References or Referral Agency confirmation
- Criminal Background Check completed

Volunteer availability:

Daytime Evenings Nights Weekends

Education:

List any licenses/certifications you currently hold:

Have you done any volunteer work? If so, detail:

How did you hear about Seeds of Hope?

Will you be providing transportation as part of your volunteer work? Yes No

Do you have current automobile insurance? Yes No

Contact Information:

In case of emergency notify: _____

Telephone number: _____

Physician: _____

Telephone number: _____

Volunteer Opportunities

Administrative volunteer

By volunteering for this position you are ONLY expressing interest in helping to assist Seeds of Hope with administrative opportunities. If you express interest in this area

someone from our organization will get in contact with you.

Marketing

By volunteering for this position you are ONLY expressing interest talking to our Marketing Director to help determine how you can assist Seeds of Hope promote it's overall mission

Fundraising

By volunteering for this position you are ONLY expressing interest in talking to our Marketing Director to help determine how you can assist Seeds of Hope in it's efforts to raise funds to help the homeless population.

Host/Hostess for Events

By volunteering for this position you are ONLY expressing interest in talking to our Marketing Director to help determine your availability to work at upcoming events.

Telephone assistance

By volunteering for this position you are ONLY expressing interest in going through training to help make phone calls to promote events and help raise funds. If you also choose to provide shift oversight then calling individuals and businesses while you are at the shelter will help Seeds of Hope tremendously.

Shelter Staff

Shift Oversight: Works at least one 3-4 hour shift(s) as needed

In order to keep the shelter open for our clients we have to have someone who is working with our organization that is at the shelter. By volunteering for this position you are committing ONLY to being present at the shelter during your assigned shift. Seeds of Hope is more than willing to work with your schedule in order to find times that fit your needs.

Seeds of Hope also needs volunteers who are willing to cover overnight shifts. This is a fairly simple role but is necessary to allow our clients to stay at the shelter over night.

Intake/Assessment: Helps with client intake when needed

By volunteering for this position you are ONLY expressing interest in going through Intake/Assessment training to help determine if you would like to help process new clients who enter the SOH Emergency Shelter. This process is fairly simple to do and is a great help to both Seeds of Hope and Ross County Community Action.

Case Worker: Helps develop a Care Plan for the client

By volunteering for this position you are ONLY expressing interest in going through Case Worker training to help determine if you would like to help develop Care Plans for Seeds of Hope Clients. Care Plans are the written strategies that help our client's access community resources and address issues related to homelessness.

Mentor: Helps provide encouragement and guidance for the client

By volunteering for this position you are ONLY expressing interest in going through Mentorship training to help determine if you would like to help mentor Seeds of Hope clients. Mentorship is a long-term strategy to help stand with the client through difficult times of transition.

List any special skills or abilities you feel would benefit Seeds of Hope:

"I understand that Seeds of Hope requires a thorough background investigation for all

potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include, but is not limited to, past employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization."

I also understand that by affixing my signature to this document, that I am acknowledging that I am aware that Seeds of Hope is not authorizing me to transport any clients and if I choose to do so, I am doing so on my own volition. I further acknowledge that Seeds of Hope is not authorizing me to give any type of financial support or professional counsel to clients."

Signature

Date