

# VOLUNTEER APPLICATION



**SUMMARY:** The volunteer may perform the following, but is not limited to:

- Clerical
- Administrative
- Household Chores
- Yard Work
- Supervision/Mentoring at-risk women
- Transporting these women
- Helping meet other needs as required

The volunteer will be utilized on an as needed basis to perform functions and tasks as defined by the His House for Her Executive Director or staff who are requesting the need for volunteer services.

**REQUIREMENTS:** Depending on the volunteer position, the following may be required:

- background check
- driving record check
- drug screen

## APPLICATION:

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Driver's License No. and State:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

Are you 18 years or older? Yes / No How long have you lived in this area? \_\_\_\_\_

Present Address:

\_\_\_\_\_  
Street City County State/Zip

Referred by: \_\_\_\_\_

Provide experience or skills developed as a paid employee or volunteer:

\_\_\_\_\_  
\_\_\_\_\_

Have you any experience working with at-risk women or children and families? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? Yes / No

Have you ever pled guilty or no contest to a crime? Yes / No

If yes, please give details. Date, place, offense(s), disposition, etc.

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Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? Yes / No

If yes, please give details. Date, place, offense(s), disposition, etc.

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Have you ever worked for DCF and or a contract Provider Agency? Yes / No

If Yes, please list agency name and date worked:

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**AVAILABILITY:**

Please list days and/or hours you are available to volunteer

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How many volunteer hours will you be willing to commit to each month? \_\_\_\_\_

**IN CASE OF AN EMERGENCY CONTACT:**

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

**References**

Please provide at least two character references that His House for Her will call as part of the application process.

Name	Phone Number	Email Address	Physical Address	Relationship

**Personal Statement**

What is your motivation for wanting to volunteer at His House for Her?

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**VOLUNTEER APPLICATION CERTIFICATION:**

I hereby certify that all facts and information listed on this application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application or provided in the selection process, which is discovered at any time after I am selected may result in my dismissal. I hereby authorize His House for Her, Inc. to investigate all statements contained in this application and to interview the references listed in this application. I authorize the references listed to PROVIDE His House for Her, Inc. all facts, opinions, and evaluations concerning my previous employment or volunteer efforts and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to His House for Her, Inc., including but not limited to any liability for defamation or invasion of privacy.

If I am offered a volunteer position by His House for Her, Inc., I understand that such an offer will be conditioned upon satisfactory results of a background investigation, driving record investigation, and possible drug screen if required. I further understand that my volunteer position can be terminated with or without cause or notice at any time.

I further understand and voluntarily agree as a condition of volunteering that I may be requested by His House for Her, Inc., to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for volunteering.

I certify that I have read, understand, and agree with the above.

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Signature of Volunteer Applicant

Date

**VOLUNTEER ACKNOWLEDGEMENT:**

I freely volunteer to participate in volunteer activities on behalf of His House for Her, Inc. As a non-employee of His House for Her, Inc., I understand that I do not receive, nor do I have expectations of receiving compensation or benefits for the volunteer services I provide. I further understand that my voluntary participation in these volunteer activities can be discontinued at any time by His House for Her, Inc. or myself.

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Signature of Volunteer Applicant

Date



**NOTICE – BACKGROUND INVESTIGATION**

In connection with your employment with **His House For Her** (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com). The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

***DISCLAIMER: This Notice – Background Investigation document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the corresponding state notices to ensure your compliance with the applicable state laws related to background screening and consumer notices and disclosures.***

## VOLUNTEER POLICY

- All volunteers must be adults- 18 years of age or older.
- All volunteers must be approved by the Executive Director and HHFH Leadership Team.
- All volunteers who are transporting HHFH residents, mentoring HHFH residents, and on-site with access to residents will need to submit a Volunteer Application and paperwork to have a background screening through the approved HHFH agency and will need to pay for the screening unless otherwise approved. HHFH will need a copy of the state ID and appropriate identification to keep in a file.
- Absolutely no alcohol products of any kind are allowed on the property or to be used before or after a volunteer opportunity and no volunteer will be under the influence of any substance.
- All relationships that HHFH Volunteers have should be within the boundaries of HHFH policies. There are to be no intimate relationships between HHFH residents and volunteers.
- HHFH volunteers are not to give monies or gifts to any HHFH residents and there will not be any bartering and trading among volunteers and residents.
- HHFH residents are not allowed to visit the volunteers at their personal homes.
- If a volunteer is scheduled for a certain time/date/shift and cannot volunteer during that time that is scheduled, due to illness or an unforeseen issue, the volunteer must communicate this with staff as soon as possible to get that period covered.
- HHFH has a technology policy concerning HHFH volunteers that all volunteers must agree and sign.
- HHFH volunteers will not be reimbursed for any article that has been purchased for the HHFH organization or residents without prior approval.
- No smoking, vaping, or tobacco products are permitted on the property of His House for Her. If you smoke, vape, or use tobacco products please lock them in your glove box out of sight. No tobacco products of any kind are allowed to be used at His House for Her.
- Volunteers are not allowed to use cell phones or have them on the property unless approved otherwise. Please do not make cell phone calls while on the property. Leave cell phones in your car or out of sight of the residents.
- Volunteers should not give any over the counter or prescription medication to the resident.
- Do not bring narcotic medications with you to volunteer. If you have a medical need for this type of medication, please let the staff know once you arrive.
- Do not leave anything with the resident unless approved by the Director prior to your volunteer time. Also, do not mail anything to the resident unless approved by the Director and do not include letters from other people unless they have been approved by staff.
- Do not leave money with the resident; they will not need money while in the program.
- Do not leave any food with the resident. This includes drinks and candy.
- Residents are not allowed off the property unless the Director has given approval.
- Volunteers are allowed in designated areas only.
- No fires may be started on the property. This includes grilling unless approved by the Director as a function or special event.
- Children and family members may not attend with you to volunteer.
- No aggressive behavior of any kind is allowed including fighting, cursing, or screaming.

- No pets or animals are allowed on the property unless otherwise approved by the Director.
- No firearms are allowed on the property.
- Please respect the confidentiality of our residents always. Please do not take pictures of the residents without their permission and please do not use any pictures taken without the resident's permission. There will not be any social media pictures allowed and no posts concerning HHFH or our residents and programs. A Volunteer Confidentiality Form will need to be signed and kept in the volunteers file on property.
- **Please do NOT ask residents to share their personal stories or ask any personal questions about their past experiences. Please allow the resident to prompt anything they would like to share on their own terms. You may share your own personal stories should it be deemed appropriate and helpful to the residents.**

**ACKNOWLEDGEMENT:**

I, \_\_\_\_\_, acknowledge that I understand and agree with the above Volunteer Policy.

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

\_\_\_\_\_  
Date

## His House for Her Confidentiality and Client Files Policy

### Policy

The right to confidentiality of all residents and drop-in clients regarding verbal and written information will be protected and compliance with federal and state laws will be met. This policy will ensure that all employees, volunteers, residents or client and other constituents of His House will uphold the confidentiality and protect the right to privacy for all residents and drop-in clients. All His House residents/clients have a right to confidentiality with some exceptions.

### Procedures

1. His House for Her , Inc. agrees to either contract for in-house services and provide them in-house or refer our clients to outside provider agencies who will provide mental health services consistent with a professional standard of care and comply with the ethical requirements of the State of Florida Department of Health, Division of Quality Assurance, and Florida Board of Professional Regulation for Mental Health Counseling, State of Florida Department of Professional Regulations, and any other requirements of applicable local, state, or federal agencies which may govern mental health activities.
2. All His House staff, employees and volunteers will adhere to the confidentiality laws and procedures set forth in Federal Law 42 CFR, Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records.
3. Residents and drop-in clients will be informed upon admission of their rights to confidentiality and be given the opportunity to sign consent forms for the release of information. Clients may choose whether to sign and may revoke at any time. This agreement is for the purpose of ensuring confidentiality among the residents, drop-in clients and building trust.
4. There are exceptions to this confidentiality policy, and they include the following: The following situations typically legally obligate therapists and/or social service organizations to break confidentiality and seek outside assistance:
  - Detailed planning of future suicide attempts.
  - Other concrete signs of suicidal intent.
  - Planned violence towards others or a reportable criminal offense or crime involving the HHHF client
  - Planned future child abuse.
  - Formerly committed child abuse or current experienced/involved child abuse.

5. Resident and drop-in client files (both current and past) will be kept in locked filing cabinets in one of the administration offices which have the capability for the door office to be locked as well as the building to be locked. This ensures the files are stored under three separate locks.
6. These files will be under the direct supervision and maintenance of the Executive Director and/or President Founder of His House or designated and approved His House staff member.
7. The files will be viewed and utilized only by His House employees and/or volunteers on an “as-needed” basis unless:
  - a. the client whose name appears on the file requests to view their file,
  - b. The client has signed a release of information form for the specific person who has requested to view the file, or any part thereof, in which case a statement forbidding further disclosure will be stamped on each page released.
  - c. A court order is furnished or served requesting the file, or any part thereof.
  - d. A situation in which the client’s life is in danger and the file or a portion thereof would aid in the treatment of the client.

### **Confidentiality Agreement**

I hereby acknowledge, by my signature below, that I understand PHI and confidential information and data to which I have knowledge and access in this course of my employment/volunteering with His House for Her is to be kept in confidential, and this is a condition of my employment/volunteering. I understand that my duty to maintain confidentiality continues even after I am no longer employed/volunteering.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff, Client or Volunteer

\_\_\_\_\_  
Date

**This notice will be placed in your personnel or HHFH client file.**



# MEDIA/PHOTO CONSENT & RELEASE FORM



Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to His House for Her, Inc., its affiliates, and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising, or other media activities (including the Internet). This consent includes, but is not limited to:

1. Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice
2. Permission to use my name; and
3. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio, and electronic media (including the internet, social media, website, and ministry emails), in theatrical media and/or in mailings for educational and awareness.
4. Permission to use written comments and written artistic expressions that I turn in from my program course work or on pages in addition to this coursework or on written testimonies about this program.

This consent is given in perpetuity and does not require prior approval by me.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I DO NOT CONSENT HHHH TO USE MY IMAGE AND LIKENESS AND/OR ANY INTERVIEW STATEMENTS FROM ME IN ITS PUBLICATIONS, ADVERTISING, OR OTHER MEDIA ACTIVITIES (INCLUDING THE INTERNET)

## ACKNOWLEDGEMENT:

My signature below signifies that I have read and understand the terms and conditions set forth in this Media/Photo Consent & Release Form.

\_\_\_\_\_  
Signature of Program Participant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member, His House for Her

\_\_\_\_\_  
Date

# CORE VALUES STATEMENT



We desire that the following Core Values define and guide our interactions with and among staff, volunteers, residents, and community partners. These Core Values have been established to create peace-filled relationships and a safe environment for all.

**KINDNESS:** We believe everyone deserves to be treated with kindness. Staff, volunteers, and residents are encouraged to treat everyone in friendly, generous, and considerate ways. Every effort will be made to do everything with kindness.

**EXCELLENCE:** We believe that excellence communicates trust and safety. Ongoing assessments of all aspects of our organization will be conducted to seek areas of improvement. His House for Her encourages all staff, volunteers, and residents to strive for excellence.

**SERVICE:** We define service as helping others. Service communicates love, care, and support. Staff, volunteers, and residents are encouraged to work together as a team by serving each other whenever possible.

**ACCOUNTABILITY:** We believe that accountability keeps us responsible and protects the spiritual, emotional, and physical needs of staff, volunteers, and residents. We welcome and encourage questions because we believe they promote growth. When questioned, we encourage staff, volunteers, and residents to remember that the health of His House for Her as a program is critical for success. Questions are not to be viewed as negative. Questions are to be expected and considered necessary for the good of everyone.

**UNITY:** We believe unity makes a team unstoppable! Our residents deserve a unified team to help them achieve their physical, emotional, and spiritual goals. Our staff and volunteers deserve to serve in a peace-filled, conflict-free environment. All concerns regarding unity will be explored carefully.

## ACKNOWLEDGEMENT:

My signature below signifies that I have read and understand all the Core Values of the program at His House for Her. I agree to learn these Core Values and practice them to the best of my ability.

\_\_\_\_\_  
Signature of Participant/Resident/Employee/Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member, His House for Her

\_\_\_\_\_  
Date



# How Can you Help?

**Volunteer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### TRANSPORTATION:

- MON  TUES  WEDS  THURS  FRI
- SAT  SUN

**AVAILABLE TIMES:**  AM  PM

### HOUSE SUPERVISION w/Residents

- MON  TUES  WEDS  THURS  FRI
- SAT  SUN

**AVAILABLE TIMES:**  AM  PM

OVERNIGHT

### LIFE SKILLS:

- COOKING
- GARDENING
- CROCHETING
- KNITTING
- SEWING
- \_\_\_\_\_
- \_\_\_\_\_

### FUN & ENTERTAINMENT:

- MOVIE NIGHT @ THEATRE
- BOWLING
- NATURE WALKS
- BEACH TRIP
- LIBRARY TRIP
- \_\_\_\_\_
- \_\_\_\_\_

### SPECIAL STUDIES OR PROJECTS:

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**Are you willing to be trained in supervising medication administration?**  YES  NO

## Volunteering **Do's** and **Don'ts**

YES PLEASE	NO THANK YOU
<ul style="list-style-type: none"> <li>➤ Notify staff if you must take medication during your service hours</li> <li>➤ Sign in every time you are on property</li> <li>➤ Log the mileage you used during service hours</li> <li>➤ Follow all safety guidelines, policies and procedures as outlined by HHFH</li> <li>➤ Stay in designated areas</li> <li>➤ Respect the confidentiality of the residents unless the residents discloses an immediate threat to harm themselves or someone else</li> <li>➤ Stay drug and alcohol free</li> <li>➤ Leave your personal belongings (wallet, phone, etc.) in your vehicle if possible</li> <li>➤ Leave children, pets/animals at home</li> </ul>	<ul style="list-style-type: none"> <li>➤ No smoking, vaping, or using tobacco products</li> <li>➤ No cell phone use on property unless doing house supervision.</li> <li>➤ Volunteers are not allowed to be alone with residents without staff approval</li> <li>➤ Do not provide the residents with any medication (not even OTC)</li> <li>➤ Do not leave money with any of the residents</li> <li>➤ Do not purchase anything for the residents unless approved by staff</li> <li>➤ Do not leave food with the residents (including drinks/candy)</li> <li>➤ Do not leave the property with a resident without staff approval</li> <li>➤ Do not leave anything with residents unless you have specific approval from staff</li> <li>➤ No fires allowed to be started</li> <li>➤ No aggressive behavior, fighting, cursing, or screaming</li> <li>➤ Do not mail anything to the residents without prior approval</li> <li>➤ Do inform staff if the residents behaviors and/or words could be deemed as concerning and in need of some type of intervention (especially violent or self-harm behaviors)</li> <li>➤ No firearms are allowed on the property</li> <li>➤ Do not take pictures of the residents nor post or share anything about the residents faces, names, descriptions, or background stories on social media or with anyone outside of staff</li> <li>➤ <b>Please do NOT ask residents to share their personal stories or ask any personal questions about their past experiences.</b></li> </ul>



## Volunteer Application Check List

- The HHFH Volunteer application completed in total.

Completed: \_\_\_\_\_

- A copy of the driver's license.

Completed: \_\_\_\_\_

- A copy of the insurance card- (car insurance)

Completed: \_\_\_\_\_

- Background Check permission paperwork completed

Completed: \_\_\_\_\_

- Copy of the signed HHFH Volunteer Policy to accompany the application

Completed: \_\_\_\_\_

- Core Value Statement

Completed: \_\_\_\_\_

- How Can You Help Form

Completed: \_\_\_\_\_

- Confidentiality Policy

Completed: \_\_\_\_\_

- Media/Photo Policy

Completed: \_\_\_\_\_