

Dear Volunteer,

Thank you for interest in volunteering at Hope Haven. We are always excited to welcome community members who are truly passionate about impacting the lives of the women, men, and children we serve through our programs and services.

There are many ways for volunteers at Hope Haven, and we will work with you to find the right volunteer opportunity that will truly impact your experience at Hope Haven. Whether it be serving in our Emergency Shelter, sorting in-kind donations, speaking at public events, or one of the many other ways you can be involved, we know that this experience will be the chance to connect with the mission of Hope Haven.

To begin serving as a volunteer at Hope Haven, the following must be completed before you begin training:

* Volunteer Application
* Background Check (Family Care Safety Registry)
* In-Person and/or Phone Interview

Once you have completed the Volunteer Application and the Background Check document, please submit both documents to Jenna Neumann at Jenna.Neumann@hopehavenofcasscounty.org or mail these documents to 200 North Oakland, Harrisonville, MO 64701. If you have any questions about the process, please do not hesitate to reach out. We would be happy to answer any questions you may have.

Many Thanks,

**Jenna Neumann**

Executive Director

816-380-2833



**Volunteer Application**

**General Information:**

First Name Middle Initial Last Name Date of Birth

Address City State Zip

Home Phone Cell Phone Email Address

**Emergency Contacts:**

Name Phone Number Relationship

Name Phone Number Relationship

**Current Employer:**

Company Name Position/Title Work Phone

Address City State Zip

Email Address

**Are you a survivor of domestic violence, sexual violence, or rape (Optional)?**

 Yes No Prefer Not to Say

**Are you currently, or have you been, a resident of Hope Haven in the past three years?**

 Yes No

**Gender (Optional):**

 Male

 Female

 Transgender

 Prefer to Self-Describe \_\_\_\_\_\_\_\_\_\_\_\_\_

 Prefer Not to Say

**Ethnicity (Optional):**

 American Indian or Alaska Native

 Asian

 Black or African American

 Native Hawaiian and/or Pacific Islander

 Caucasian

 Prefer Not to Say

**Days Available:**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Preferred Shifts:**

 One Shift Per Week Two Shifts Per Week One Shift Per Month

 Two Shifts Per Month Between (8:30am – 12:30pm) Between (12:30pm – 4:30pm)

 Between (4:30pm – 8:30pm)

**Check All Areas of Interest:**

 Answering Crisis Line Assisting with Childcare Transporting Clients

 Sorting/Organizing Donations Fundraising/Special Events Building Maintenance

 Helping with Grocery Shopping General Office Work Cleaning/Housekeeping

 Assisting with Court Advocacy Painting/Repairs Assisting with Marketing

 Hosting 3rd Party Event Financial Donation Sponsoring an Event

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal References:**

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

**Have you ever been convicted of a misdemeanor or felony?**

 Yes No

**If you answered “Yes,” please explain why (Note: A conviction does not mean that you will not be considered for a volunteer position).**

Ensuring the safety of Hope Haven residents is crucial. I understand that my acceptance as a volunteer with Hope Haven is subject to a favorable and routine inquiry of law enforcement records. I do attest that the information I have provided is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from Hope Haven’s Volunteer Program.

Applicant Signature Date

**Family Safety Care Registry**

Name Social Security Number

**Gender:**

 Male

 Female

 Transgender

 Prefer to Self-Describe \_\_\_\_\_\_\_\_\_\_\_\_\_

 Prefer Not to Say

**Ethnicity (Optional):**

 American Indian or Alaska Native

 Asian

 Black or African American

 Native Hawaiian and/or Pacific Islander

 Caucasian

 Prefer Not to Say

**Steps to Register:**

1. Go to <http://health.mo.gov/safety/fcsr/>
2. Click **“Register Online”**
3. Click **“Is A Person Registered”**
4. Enter your information to make sure you are not already registered.
5. Click “Search”
6. Enter Employer Information
7. Complete Registration
8. Email Jenna.Neumann@hopehavenofcasscounty.org when complete.

I authorize the release of any criminal history record information to the requestor. The purpose of this record check is for employment or volunteering at Hope Haven of Cass County.

Applicant Signature Date

**Confidentiality Agreement**

**Hope Haven**

The safety and security of all residents, participants, employees and volunteers at Hope Haven is critical. As a person who will be volunteering at Hope Haven of Cass County we require that all information that you learn about this organization or the people here be treated confidentially.

Discussing any information with people outside the shelter can destroy the bond of trust between the participants and Hope Haven of Cass County, will undermine our services and be considered a breach of confidentiality. A breach of confidentiality consists of but is not limited to:

* Revealing the location/address of Hope Haven of Cass County
* Revealing the identities, histories or situations of residents or program participants
* Revealing identities of staff members, volunteers or other people one may come in contact with while on Hope Haven premises
* Revealing the residents’ phone number or contact information to anyone

A breach of confidentiality is a serious breach of trust and of one’s ethical responsibility. Such an action could seriously jeopardize the safety of anyone affiliated with Hope Haven of Cass County. Any breach of confidentiality will result in the termination of your volunteer participation.

By my signature, I agree not to divulge any information deemed confidential during and/or after establishing a formal relationship with Hope Haven of Cass County.

Applicant Name Applicant Signature Date