

HOUSE OF REFUGE SUNNYSLOPE
TRANSITIONAL HOUSING FOR WORKING MEN
WORKING SINGLE MOTHERS AND SINGLE WOMEN

House of Refuge Sunnyslope. Inc

9835 North Seventh Street

Phoenix, Arizona 85020

602-678-0223

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www.refugeandhope.com

VOLUNTEER APPLICATION

PROGRAM INFORMATION

The **House of Refuge Sunnyslope** has been helping individuals transition from homelessness to independent since 1988. We have 3 programs **House of Hope (HHS)** is our women's program, ministering to single moms and their children. **House of Promise (HPS)** is for single women and House of Refuge for single men. .

We value accountability, integrity, self-sufficiency and spiritual well-being. Our residents must obtain full-time employment and pay program fees. Bible studies are held each week, as the guiding principle to their spiritual growth.

Our Vision is: Through the power and love of Jesus Christ, we are here to encourage, equip, and help transform our individuals into the healthy, productive men and women that God intended them to be.

Please complete this application if you are interested in volunteering with House of Refuge 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.

Thank you for your interest in volunteering with our ministry.

VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME: _____ GENDER: M ___ F ___

DATE OF BIRTH: _____

SPOUSE NAME (IF VOLUNTEERING ALSO) _____

CURRENT ADDRESS:

STREET: _____

CITY: _____ STATE: ___ ZIP: _____

PHONE: _____

EMAIL: _____

OCCUPATION: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: _____

PHONE/CELL: _____

EMAIL: _____

RELATIONSHIP: _____

CHURCH INFORMATION

NAME OF CHURCH: _____

NUMBER OF YEARS ATTENDED: _____ CURRENTLY ATTENDING? _____

LIST ANY COMMITTEE MEMBERSHIPS OR SPECIAL INVOLVEMENT: _____

VOLUNTEER APPLICATION

INTERESTS

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

- | | |
|---|---|
| <input type="checkbox"/> CHILD CARE AND/OR TUTORING | <input type="checkbox"/> FUNDRAISING |
| <input type="checkbox"/> SERVE ON A FAMILY SUPPORT TEAM | <input type="checkbox"/> REPAIRS, MAINTENANCE |
| <input type="checkbox"/> MENTORING/DISCIPLINING | <input type="checkbox"/> LEAD BIBLE STUDIES |
| <input type="checkbox"/> TEACH A LIFE SKILLS CLASS | <input type="checkbox"/> SORTING DONATIONS |
| <input type="checkbox"/> PICK UP GROCERIES WITH OUR VEHICLE | <input type="checkbox"/> SORTING FOOD DONATIONS |
| <input type="checkbox"/> COOKING FOR RESIDENTS | <input type="checkbox"/> EVENT PLANNING |
| <input type="checkbox"/> ANSWERING PHONES /OFFICE | |
| <input type="checkbox"/> OTHER, PLEASE EXPLAIN: _____ | |

PREVIOUS VOLUNTEER EXPERIENCE

Please summarize previous volunteer experience. _____

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? _____ |

VOLUNTEER APPLICATION

CONFIDENTIALITY/BEHAVIOR COMMITMENT

Accusations of sexual abuse and/or molestation will not be tolerated and such accusations will be reported immediately to the proper authorities. Until a determination has been made, the accused will be suspended from any involvement with House of Refuge Sunnyslope, Inc. and its affiliates. **INITIAL:** _____

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

IF APPLYING TO WORK DIRECTLY WITH THE RESIDENTS,
PLEASE CONTINUE TO THE NEXT PAGE

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 House of Refuge Sunnyslope, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME (PRINTED); _____

SIGNATURE: _____

DATE: _____

You'll be automatically added to our e-mail list.

Would you prefer...

- Monthly Email Newsletter Quarterly Print Newsletter Both
 Please add me to the email Prayer Team

OFFICE USE ONLY

CDM _____ CC _____

**FOR THOSE WANTING TO
WORK DIRECTLY WITH RESIDENTS**

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 ap-

ALCOHOL/DRUG INFORMATION

Do you understand that House of Refuge, House of Hope and House of Promise, 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 residents 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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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 a program manager.

OFFICE USE ONLY

BG Chk _____

INITIAL: _____

I understand if at any time it is discovered that I have breached confidentiality, I will be dismissed from volunteering in the HRS/HHS/HPS program and will no longer be allowed any contact with residents

INITIAL: _____

If at any time I have reason to believe that a participant 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/HPS staff.

INITIAL: _____

AGREEMENT AND SIGNATURE

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NAME (PRINTED); _____

SIGNATURE: _____

DATE: _____

**OFFICE USE ONLY
NOTES**