

The Father's House

A Place of Hope, Healing & Restoration

173 Poplar Dr. Rainsville, AL 35986
256-638-5811

Volunteer Application

Name: (Please Print) _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Best way to contact you: _____ Home Phone _____ Cell _____ Email _____

Birthday: _____ Employer: _____

Are you affiliated with a church? Y _____ N _____ If yes, please name: _____

Have you ever been convicted of a crime? Y _____ N _____ If yes, please explain: _____

Do you currently have a relative or friend in the program? Y _____ N _____

Emergency Contact In the event of an Emergency, please contact:

Name: _____ Phone: _____ Relationship: _____

Reference- Must be someone not related to you

Please provide information about an individual, not related to you, that we could contact to provide a reference for you.

Name: _____ Phone: _____

Email: _____

For Staff Use Only		
<input type="checkbox"/> Volunteer Application	<input type="checkbox"/> Sexual Misconduct	
<input type="checkbox"/> Background Check	<input type="checkbox"/> References Checked	<input type="checkbox"/> TB Test if Required
<input type="checkbox"/> Volunteer Agreement	<input type="checkbox"/> Orientation Complete	

Complete application may be returned to the Addicts 4 Christ Thrift Store or mailed to 173 Poplar Dr. Rainsville, AL 35986. Along with a check payable to The Father's House in the amount of \$12 to cover the cost of the background check.

Please indicate your Primary Interest(s):

Availability: What days and times are you available? _____

Service Area

_____ Spiritual Emphasis Team: **(Requires a letter of recommendation from your pastor.)**

_____ Morning Meditation **(Requires a letter of recommendation from your pastor.)**

_____ Special Events _____ Clothing Closet _____ Hair Stylist or Masseuse

_____ Serving Meals _____ Job Coach _____ Office & Administration Support

_____ Lawn Care _____ Carpentry _____ Electrician

_____ Exercise _____ Driver _____ Plumber

_____ Other: Please specify _____

Skills: Please Check all that apply

_____ Excel _____ Word _____ Mac _____ Speaking to groups _____ Fund Raising

_____ Filing _____ Canvasing _____ Meeting New People _____ Project Management

I would like to receive volunteer information from you in the future via email _____ Yes _____ No

Please complete the following questions to help us better place you in meaningful volunteer service.

1. How did you hear about The Father's House?

2. Have you ever received treatment services for alcohol or drug use? _____ Yes _____ NO
If yes, how many months of sobriety do you have? _____

3. What would make you feel successful as a volunteer?

4. What have you enjoyed the most about your previous volunteer work?

5. Would you rather work on your own, with a group, or with a partner? Why?

The Father's House thanks you for your commitment to its ministry and looks forward to partnering with you as we invest in the lives of hurting and broken women.

The Father's House Agreement

As a Volunteer at The Father's House, I agree to. . .

- Become familiar with and agree to uphold all expectations and policies by reading the entire volunteer training manual.
- Be punctual, professional, courteous and serve as positive representatives of The Father's House
- Willingly donate my services to the organization without expectation of compensation.
- Participate in on-going educational opportunities provided by The Father's House as schedules permit.
- Contact Volunteer Coordinator, to coordinate volunteer schedule and sign up for shifts.
- Notify Volunteer Coordinator when canceling volunteer shifts as early as possible.
- Carry out volunteer assignments conscientiously and seek the assistance of The Father's House staff member when necessary.
- Report an injury, accident or other unusual occurrence during your volunteer shift to the volunteer coordinator or another The Father's House staff member immediately.
- Hold The Father's House clients information in the strictest confidence and will not disclose this information outside of the program
- Review The Father's House Sexual Misconduct Policy and provide an acknowledgement which is kept in the volunteer folder.
- Refrain from giving money or gifts to the residents.
- Refrain from doing residents laundry, run errands for residents, or make phone calls for residents.
- Uphold The Father's House Statement of Faith and not teach doctrine outside of our Statement of Faith.
- Report any questionable behaviors, suspicious, or any information to the program director immediately.

By signing below, I acknowledge that I have received and have become familiar with the following information provided to me by The Father's House. I agree to comply with Policies and Procedures, Volunteer Guidelines and Boundaries, maintain confidentiality of the residents, and live a life exemplary of a Christian leader in my community.

Print Name

Signature

Date

By signing below, I agree to be placed on The Father's House mailing list and E-mail list.

Signature

Date

Acknowledgement of Receipt of Sexual Misconduct Policy

Sexual misconduct is strictly prohibited and will be cause for termination of the employee, volunteer, or staff of The Father's House. Sexual misconduct includes any form of sexually inappropriate behavior or contact, whether criminal or not, by employees, volunteers or representatives of The Father's House, whether paid or unpaid, and without regards to titles or positions.

Anyone who knows or suspects sexual misconduct shall immediately report the incident or suspicion to a member of upper management or administrative immediately. If the misconduct involves sexual offense or abuse against a child, it should be reported also to the local law enforcement authorities in conformity with applicable laws.

The Father's House strictly prohibits interaction with children and youth by anyone with a civil or criminal record of sexual offense against a child or anyone who as admitted prior sexual abuse or anyone known to have a paraphiliac diagnosis or tendency (e.g. pedophilia, exhibitionism, voyeurism, and computer sex crimes).

Anyone who knows or suspects sexual offense or abuse against a child shall immediately report the incident or suspicion to a member of upper management or administration. The suspected offense or abuse should be reported to the local law enforcement authorities in conformity to local laws.

I acknowledge that I have received, understand and agree to the following Policy and Procedures for the Prevention of Sexual Misconduct of The Father's House.

I further report that I have no prior history of sexual misconduct.

Signed the _____ day of _____, 20_____.

Volunteer Name (Please Print)

Signature of Volunteer

AUTHORIZATION TO USE OR DISCLOSE CERTAIN INFORMATION FOR MARKETING PURPOSES

Section I:

I, _____, DOB: _____ authorize The Father’s House, Inc, and any of its affiliates and their representatives to use my name and any photographic, video, or audio recording of me for promotional, educational, and fundraising purposes (i) in any printed publication, advertisement, or website of The Father’s House and its affiliates; (ii) to reports for local, state, and national media publications, including newspapers, magazines, and online media, and to reporters for local, state, and national television broadcast stations; and (iii) as otherwise specifically described below:

I acknowledge that my participation pursuant to this Authorization is voluntary and that I will receive no financial compensation for the use of my name, images or recordings as provided by this Authorization. I further agree that the use of my name, images, or recordings as provided by this Authorization confers upon me no rights of ownership whatsoever. I agree that The Father’s House and its affiliates may use images or recording of me with or without my name and for any lawful purpose, including but not limited to publicity, education, illustration, advertising or web content. I release The Father’s House and its affiliates from liability from any claims by me or any third party in connection with my participation pursuant to this Authorization.

I am: a current or former resident of The Father’s House (**Complete Section II and Section III**)

I am: NOT currently nor have I ever been resident of The Father’s House (**Skip Section II and Complete Section III**)

Section II	
Date(s) of Relevant Service or Encounter	

Office use Only
<input type="checkbox"/> The Father’s House may receive financial remuneration from third parties for undertaking the marketing activities allowed pursuant to this Authorization
<input type="checkbox"/> The Father’s House will <u>not</u> receive financial remuneration from third parties for undertaking the marketing activities allowed pursuant to this Authorization

The type and amount of information to be used or disclosed regarding the above- referenced date(s):

- Resident’s name and demographic information
- Photographic images and video/audio recordings of resident
- Name and specialty of The Father’s House staff
- Resident testimonial or interview
- Other (Describe): _____

The format in which such information may be used or disclosed:

- Printed media (e.g., newspapers, magazines and on-line media)
- Non- printed media (e.g., television, radio, or web based commercials, interviews, or newscasts)

I hereby authorize the use or disclosure of information about the above names individual and I understand that:

1. I may refuse to sign the Authorization
2. As a result of signing this Authorization and agreeing to the uses and disclosures described in this Authorization, I may be publicly identified as a person seeking or undergoing alcohol or drug abuse treatment.
3. I have the right to revoke this Authorization at any time in writing.
4. Any revocation will be effective only to the extent that action has not been taken in reliance on my prior Authorization. Unless I revoke this Authorization, it will expire 3 years after I sign this Authorization.
5. By signing below, I recognize that the health information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient of the disclosure.
6. Treatment or pay will not be conditioned on my signing this Authorization.
7. I will receive a copy of this signed Authorization

Section III: I have read the above and authorize the use or disclosure of information about me as stated herein.

Signature of Individual or Individual's Personal Representative

Date

Relationship of Personal Representative to Individual

