



**Zonta Club of Roseburg Area
Policies & Procedures
Service Standing Committee
HAND UP Program**

Policy Statement

The Zonta HAND UP goal is to assist local maturing women in transition. This assistance can be in the form of mentoring, formal education or others services as requested. Upon referral from an approved agency, the Zonta Service Committee representatives will review the application, approve the request according to guidelines, and provide all or some items or services requested.

Procedure

1. Although a phone call may initially be made, referrals must be made on the “Agency Referral Request Form” by an approved agency. (Waivers and releases)
2. Approved agencies include:
 - a. Department of Human Services
 - b. Douglas County Community Corrections
 - c. Battered Persons Advocacy
 - d. Rescue Mission / Samaritan Inn
 - e. ADAPT - Crossroads
 - f. Churches
 - g. Umpqua Community College
 - h. Safe Haven Maternity Home
 - i. Options Counseling
3. Agencies may send the completed request form to P. O. Box 134 Roseburg, Oregon, 97470 or email to Zonta HAND UP at zontahandup@gmail.com. In order to expedite the process, before sending a completed form to the P. O. Box, it is suggested that a phone call be made to the Hand Up Committee chair or faxed to 541-677-9655.
4. Once the entire completed form has been received, the Hand Up Committee Chair will screen the applicant for qualifications.
4. Once the recipient has been approved, an interview and a plan of action is worked up by members of the Hand Up Committee and the recipient. Once an interview is completed, the approved request will be addressed. (i.e. funds, mentoring, items, etc.)
6. Upon approved request and an itemized list of items provided or action taken will be presented to the Zonta Club Membership monthly, and a report to the club will be made by the Hand Up Committee chair.

Criteria

Maturing woman in transition seeking services - We are offering education, training, personal needs and ongoing mentoring. this must be a Hand Up, not a hand out. (i.e. If our service request will help the recipient move forward, this is considered and Hand Up. Reoccurring and chronic situations are considered Hand Outs.)

Zonta Club of Roseburg Area
HAND UP Program
P. O. Box 134
Roseburg, OR 97470



(Date)

(Douglas County Business)
(Address)

Zonta Club of Roseburg Area is excited to announce the Zonta HAND UP Program. The mission of Zonta International is to advance the status of women throughout the world. This project will aid maturing women through life transitions as well as offer empowerment through appropriate assistance. Zonta Hand Up will use public agencies as resources working with at risk women in transition in Douglas County. Currently Zonta Hand Up has financial resources to help women establish educational and training opportunities, personal needs, as well as an ongoing mentoring program.

The mentoring program will offer training and support to assist Zonta Hand Up recipients to develop skills to help them in creating and maintaining their approach to life. Mentoring will be offered covering personal finance, professional dressing/grooming, scholarship applications, job applications and interviewing. We are looking for an applicant that wants to give back to the community and eventually serve as a role model for other women in transition.

Attached is a referral form and guideline for this program. Recipients must meet criteria to be eligible for this program.

We welcome comments and concerns you have regarding the Zonta Hand Up program and how it affects the recipients or applicants involved.

The Zonta Club of Roseburg Area looks forward to working with you and your organization in the future.

Funds for scholarships as well as financial stipends for necessary items will be available.

Best regards,

Connie Benham

Zonta HAND UP Chair



Agency Referral

The Zonta HAND UP Program assists local maturing women in transition. Applicants may reapply for additional assistance. In order for Zonta to identify who needs help and what assistance is needed, a little information is required. Please complete this form and email it to Zonta HAND UP at zontahandup@gmail.com, mail to P. O. Box 134, Roseburg, OR 97470, or Fax to:541-677-9655

REFERRING AGENCY

Name of Agency:	Date:
Staff member name:	Email:
Phone number:	Length of time referring agency has worked with applicant:

WOMAN IN NEED OF SERVICES

Name and age of woman needing assistance of funding and/or mentoring (must be 18 yrs. or older):	
Address:	Phone #:
When is school/training beginning?	
Please give a brief history about this woman and why she needs this help:	
Are there other adults living with this woman? If yes, who:	
Are there other agencies working with this woman? Which ones?	
Are there any physical items needed to achieve her goals? (i.e. books, electronics, transportation, clothing, etc.)	
Does this woman need mentoring services? (i.e. help with learning how to refine personal finance, appropriate dress plus grooming, resume writing skills, etc.) Please list any mentoring services she is interested in.	