



**Everything a Volunteer Needs to Know About
Hope Haven**

**3815 N. Tryon Street Charlotte, NC 28206
704-372-8809**

What is Hope Haven, Inc?

Hope Haven is dedicated to helping homeless individuals and families in recovery from substance abuse rebuild their lives. Since 1977, we have provided our clients with the aftercare and supportive housing needed to achieve healthy recovery and economic independence. We were the first licensed therapeutic community in NC and are recognized by the Department of Housing and Urban Development as the only organization of its kind in the US.

Over 200 adults and children can live in the formerly drug-infested motel on North Tryon Street we purchased and renovated in 1996. The facility now includes individual apartments, a 17,500 square foot conference center, a chapel, a commercial greenhouse, an industrial laundry facility and a commercial kitchen.

Hope Haven's programs start from scratch and teach our residents how to live and organize their lives, one step at a time, moving toward independence and self-sufficiency. All residents participate in regular group, family and individual counseling; Alcoholics Anonymous and Narcotics Anonymous meetings; parenting and recovery workshops; vocational and educational assessments; budgeting classes, job training programs, and a whole lot more!

And because we know what an important role family plays in an individual's successful recovery, Hope Haven works hard to reunite children with their parents as soon as possible in the recovery process.

Our goal is to help our clients learn new skills for living, new skills for relationships, and to give them tools that will ensure they can live a happy, drug and alcohol free life.

Volunteer Activities

Volunteers fill a number of roles at Hope Haven. Listed below are some of the volunteer activities available:

Serving lunch and dinner to our clients-*(Individual or Small Group Project)*

Clothing closets-straightening and sorting-*(Individual or Small Group Project)*
Grounds work and landscaping projects-*(Group Project)*
Tutoring GED students-*(Individual or Small Group Project)*
Teaching basic computer classes
Teaching budgeting classes
Carpentry/electrical/plumbing skills
Driving residents to AA/NA meetings-(must be pre-approved)
Organizing library-*(Individual or Small Group Project)*
Plan or provide special events for residents
Special projects

It is the policy of Hope Haven to provide opportunities for volunteers and students so that they can gain practical and professional experience or so that they may simply have an outlet for helping the people we serve.

To be accepted as volunteers, candidates are asked to complete a Volunteer Application form, sign a Confidentiality Statement, undergo a background and reference check, and meet with a staff person responsible for the program in which they will be serving. When placements are made, volunteers and students will be assigned to work with a supervisor and given a work schedule.

All volunteers are required to sign a Confidentiality Statement, which has been explained to them prior to their start of service.

Confidentiality Agreement

Confidentiality is of utmost importance at Hope Haven. All information about current or former clients or any information seen in files or overheard must be kept confidential. No information can be divulged to unauthorized personnel inside or outside Hope Haven. Violation of this policy could result in either civil action for the collection of monetary damages, and or suspension or dismissal.

Confidentiality Agreement

**Hope Haven, Inc.
3815 N. Tryon Street
Charlotte, NC 28206**

I understand that I may recognize person(s) who are receiving services at Hope Haven, Inc. I further understand that I may have access to information (verbal, written, experience or otherwise) that will pertain to persons who are receiving or have received services of Hope Haven, Inc. and that the Hope Haven program and any information regarding a client served at Hope Haven is protected by the confidentiality regulations (10 NCAC 18D APSM 45-1) as developed by the division of Mental Health, Mental Retardation, Development Disabilities and Substance Abuse Services which ensure the privileged and confidential nature of client information.

My signature below signifies that I have read the attached confidentiality regulation and acknowledges my understanding of the strict confidential nature of information at Hope Haven, Inc. I agree not to disclose any information, including but not limited to, the residency of any client.

I further understand that the divulging of confidential information to unauthorized persons will make me subject to civil action.

Signed _____ Date _____

Witness _____ Date _____

Volunteer Agreement

As a Volunteer at Hope Haven, I agree to the following:

1. Be on time.

2. If you cannot volunteer at your scheduled time, please notify the Volunteer Coordinator as far in advance as possible.
3. Please do not consume alcohol or other drugs before or while volunteering at Hope Haven, or bring either of them on campus.
4. Please do not smoke inside buildings at Hope Haven.
5. Leave valuables at home or locked out of sight in your car.
6. Dress casually but conservatively.
7. Sign-in and out at the front desk.
8. Notify the Volunteer Coordinator when bringing an unscheduled guest. For safety reasons, please do not bring children under the age of 16 to Hope Haven.
9. To avoid discriminating against anyone's religious beliefs, religious instruction and the observance of any group practices are prohibited on Hope Haven Inc. property.
10. Please direct problems, questions, or suggestions to the Volunteer Coordinator.
11. Volunteers may be dismissed by the Volunteer Coordinator or Executive Director for poor attendance, poor performance, or, with warning, for actions contrary to Hope Haven policies.

Regarding Residents:

1. Volunteers are not to give residents items, money, gifts, or favors. (If approached by a resident and any of these items are requested, please report it to a staff member immediately.)
2. Volunteers wishing to work with a resident independently from existing Hope Haven volunteer programs are to clear the activities through the Volunteer Coordinator, and both volunteer and resident must sign a Waiver in the presence of a staff witness. Hope Haven takes no responsibility for actions taken by volunteers who have not consulted with the Volunteer Coordinator or other management staff.
3. For reasons of liability, volunteers are not to give residents rides in their personal vehicles unless both volunteer and resident sign a Waiver in the presence of a staff witness. Hope Haven takes no responsibility for accidents occurring when volunteers do not follow this policy.

By signing below, I signify that I have read and understand the Volunteer Agreement stated above and will abide by the policies and procedures of Hope Haven.

Name

Date



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Employer	Does your employer match charitable gifts? Yes No
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? (**Limited weekends available)

Weekday mornings	Weekend mornings**
Weekday afternoons	Weekend afternoons**
Weekday evenings	Weekend evenings**

Interests

Tell us in which areas you are interested in volunteering.

Administration	Clothing Closet
Adult Literacy	Newsletter production
Fundraising	Food Service
Grounds	___ Special Projects

Special Skills or Qualifications

Circle special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

<p><u>Office Skills</u> Telephone work/Receptionist Data Entry</p> <p><u>Medical</u> Doctor/Dentist RN/LPN</p> <p><u>Experience</u> Tutor Special events planning Catering/Culinary Newsletter production Graphics or computer graphics Photography</p>	<p><u>Skills/Talents/Hobbies</u> Computers Carpentry Electrical Plumbing Landscape Design</p> <p><u>Other</u> (please list)</p>
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Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	

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

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please attach a photocopy of your current Drivers License to this form, and please fill out and sign the Background consent and release form. This information is collected for your safety as well as that of Hope Haven. We will keep your private information in a safe and secure location. This information will not be used, sold, or given to any other party.

Thank you for completing this application form and for your interest in volunteering with Hope Haven Inc.
Please feel free to contact us with any questions or concerns at 704-372-8809.

HOPE HAVEN, INC

**VOLUNTEER PROGRAM
BACKGROUND INVESTIGATIONS CONSENT AND RELEASE**

I understand that, as a condition of my consideration to provide volunteer services at Hope Haven Inc., or as a condition of my continued volunteer service with Hope Haven Inc., Hope Haven Inc. may obtain a background report that includes, but is not limited to, my criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Hope Haven Inc.'s procurement of such a report. I further understand that the information in such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No

If yes, please explain:

Drivers License Number: _____ State: _____

DOB: ____/____/____

Social Security Number: _____

Print Name

Signature of Volunteer Applicant

Date

Witness Signature

Date