



# LOISANN'S HOPE HOUSE Volunteer Application

902 Lafayette Blvd.  
Fredericksburg, VA 22401

Phone: (540) 371-0831  
Fax: (540) 372-6526

Thank you for expressing an interest in volunteering at Loisann's Hope House. Please complete the following volunteer application and mail, fax, or return the completed form to Loisann's Hope House. You will be contacted via e-mail/phone as soon as possible.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address (must be provided): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

❖ Volunteers under the age of 18 are required to have a parent sign the Parental Consent Form attached to this application.

### Education:

Last year of school completed? \_\_\_\_\_

### Areas of Interest (please note all volunteer hours are Monday through Friday):

Office/Donations Assistant – 9:00 am to 5:00 pm       Yard/Facility Maint. – 7:30 am to 2:00 pm  
(Monday, Tuesday, and Wednesday)

Special Events - Fundraisers

Other (please describe): \_\_\_\_\_

### Availability:

Please indicate two or three days and times that you might be available to volunteer.

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

### Experience:

Do you have any previous volunteer experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which agencies have you worked with and what were your duties? \_\_\_\_\_

What interests you about volunteering at Loisann's Hope House? \_\_\_\_\_

Do you need to receive credit for hours worked? \_\_\_\_\_ Yes \_\_\_\_\_ No

To whom do you report these hours? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what specifically was the conviction? \_\_\_\_\_

If yes, what was the date of the conviction? \_\_\_\_\_

**Court Ordered Community Service Volunteers:**

What court ordered you to do community service hours? \_\_\_\_\_

How many community service hours do you need? \_\_\_\_\_

What date do you need to complete your hours by? \_\_\_\_\_

Volunteers trying to obtain court ordered community service hours are required to provide the following:

Name of contact at court (probation officer/juvenile intake officer, etc.) that assigned your community service hours: \_\_\_\_\_

Phone number of above contact: ( \_\_\_\_\_ ) \_\_\_\_\_

I have provided truthful, accurate, and complete information. My signature below indicates that I understand that Loisann's Hope House may examine employment, law enforcement, and/or any other information provided by me to determine suitability as a volunteer. I understand and agree that I am not obligated to volunteer if approved. All of the information submitted by me will be treated confidentially.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY INFORMATION:**

**Contact person in case of an emergency:**

Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**VOLUNTEER GUIDELINES AND GENERAL INFORMATION**

Guidelines:

1. Upon arriving, volunteers check-in with the Shelter Operations Manager or any staff and then, sign-in the volunteer book.
2. If there is an emergency, of any sort, please contact the manager on duty.
3. Volunteers should dress neatly. Casual attire is best since your volunteer work could encompass a variety of tasks. Loisann's Hope House cannot tolerate any clothing that is revealing or obscene.
4. Profanity and other vulgar language are not acceptable.

General Information:

Parking is available in the parking lot adjacent to the building. Parking is also available on the street beside the 7-Eleven.

**CONFIDENTIALITY FORM**

Employees and Volunteers of this organization, Loisann's Hope House, will not disclose any confidential information acquired from clients or staff except:

- With the written consent of the person or persons, or in the case of death or disability of his/her own personal representative, other person authorized to sue, or the beneficiary of an insurance policy on his/her life, health, or physical.
- When a communication reveals the privilege by initiating formal charges against the counselor and only in a judicial setting.
- When otherwise required by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CYBER POLICY**

Use of cyberspace has become an essential form of communication in American society. Cyberspace communication has many wonderful uses; however, it can also cause harm and even death when misused. Virtually everything that is sent through cyberspace has the potential to remain there forever. Therefore, the following policy is in place to protect the clients, staff, and volunteers and the continued operation of Loisann's Hope House.

Cyberspace is defined as any electronic communication that includes use of the internet, e-mail, Facebook postings, tweeting, Instagram, and text messaging.

In order to protect the confidentiality of the residents and ensure the continued operation of Loisann's Hope House, no cyberspace activity that specifically identifies residents, volunteers, staff, activities, or actions undertaken at Loisann's Hope House will be tolerated. Should it become known that residents, volunteers, or staff has undertaken such activities, it will result in the termination of housing for residents, termination of employment for staff, and dismissal of volunteers. Further, should these actions cause harm to a resident, staff, volunteer, or the continued operation of Loisann's Hope House due to communications through cyberspace, legal action will be taken. In addition, to any previous actions taken, further legal action will be taken.

\_\_\_\_\_  
Staff, Resident, or Volunteer Signature

\_\_\_\_\_  
Date

**VOLUNTEER/STAFF DISCIPLINE POLICY**

Discipline shall:

- Be constructive in nature;
- Use limits that are fair and reasonable;
- Use positively worded directions; and
- Use diversion, separation, and/or redirection.

Staff and Volunteers should:

- Model acceptable behavior;
- Praise appropriate behavior; and
- Help children to constructively express their feelings and frustrations to resolve conflict.

The following are NOT permitted:

- Spanking, pinching, shaking, roughly handling a child, or forcing a child to assume an uncomfortable position.
- Verbal abuse to include threats, belittling remarks, or statements that may be frightening or humiliating.

Staff and Volunteers should NOT:

- Force, withhold, or substitute food;
- Force or withhold naps;
- Punish a child for toileting accidents;
- Deprive of outdoor activities or other programs;
- Isolation from staff sight/sound; and
- Confinement in a space the child cannot open.

I have read and agree to follow the above discipline policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**VOLUNTEER STANDARDS OF CONDUCT AND ETHICS**

Each volunteer is expected to conform to the following criteria:

1. Volunteers are expected to report for their scheduled shift in a timely manner. In addition, volunteers are expected to call in if they are going to be late or are unable to meet their commitment.
2. Volunteers are to strive to keep the area that they are working in free from debris so that the Clients' living space is safe.
3. Volunteers are to maintain a "professional" relationship with staff and LHH Clients, at all times. Volunteers should not have personal relationships with any client as long as the client resides at Loisann's Hope House.

"Personal" relationships are defined in the following manner:

- A Volunteer cannot invite clients to your home, with the exception of special occasions sanctioned by Loisann's Hope House staff;
- There should be no establishment of a relationship outside of the context of your role as a Loisann's Hope House volunteer; and
- There should be no intrusive questions with regard to the client's personal life and history.

I, \_\_\_\_\_, have read and understand the  
(print name)

Volunteer Standards of Conduct and Ethics as listed above and I agree to abide by them.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**PARENTAL CONSENT FORM**

In order for your child (age 16 or 17) to become a volunteer at LHH, we need your consent and your involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer.

Please call 371-0831 if you have questions, would like further information, or would just like to discuss this with someone.

Name of agency: Loisann's Hope House

Name of prospective youth volunteer: \_\_\_\_\_

1. Description of anticipated volunteer work:
  
2. Anticipated number of hours per week and schedule for volunteer work:
  
3. Expected duration of volunteer work:

*I understand that my child, named above, wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the agency. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that they will not receive monetary compensation for the services contributed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_