The Haven Volunteer Application

Thank you for your interest in volunteering at The Haven. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information provided will be stored in confidence. Only authorized staff will have access to your information. We reserve the right to refuse any applications at the discretion of staff.

Name:	Date of Birth:	
Postal Address:		
Home Phone:	Cell:	
Email address:		
Employer:		
Organization (Church, Club, etc.):		
Ineed of Filfilling Community Service?	Yes No	
Preferred form of contact Phone Volunteer Area of Interest:	Email	
Customer Service 🗌 Lunch 🗌 Dini	ner 🗌 Serve on Committee 🗌 Fundraisers 🛛 Day Program	
What days will you be available? Mo	onTuesWedThursFriSat Sun	
Other		
Emergency Contact:		
Emergency Contact Phone:		
All applicants must answer the following question. Failure to answer honestly will disqualify the applicant as a volunteer at our organization.		
Are you a registered sex offender?	res 🔲 No	
By signing below, you agree that all info knowledge.	prmation provided in this application is true to the best of your	
Signature:	Date:	

Conflict of Interest for Board of Directors, Staff, and Volunteers

Any of the following will be viewed as a conflict of interest any may not be undertaken without specific Board approval:

- Transporting guests in your personal vehicle
- Lending or borrowing money from a guest
- Buying or selling any items to a guest
- Holding money or becoming rep payee for guest
- Having social contact outside the facilities or engaging in any relationship other than

professional with a guest

- Paying a guest to perform work at the facility
- Giving gifts to a specific guest
- Asking a guest for personal favors
- Providing personal favors to guests

A guest is any individual who is currently receiving services, or has received services in the last twelve months.

The Haven Confidentiality Policy

The Haven Confidentiality Policy is as follows:

All Board members, volunteers, interns, and employees must sign and strictly adhere to this confidentiality agreement. It states that the below mentioned individual will not tell anyone the name of clients of The Haven. I understand that maintaining confidentiality is an obligation which applies not only during the time of my association with the shelter, but also anytime thereafter.

This policy is effective as of December 31, 2003 and will remain in effect until The Haven is dissolved.

Print Name:	Date:
Signature:	
Phone Number:	
Email:	