



HOPE HAVEN

VOLUNTEER PACKET

*EVERYTHING A VOLUNTEER NEEDS TO KNOW ABOUT
HOPE HAVEN*

**3815 N. Tryon Street
Charlotte, NC 28206
704-372-8809 · www.hopehaveninc.org**

TABLE OF CONTENTS

Welcome Letter	1
Hope Haven at a Glance	2
Volunteer Opportunities	3
Volunteer Application	4
Volunteer Agreement	6
Background Consent and Release	7
Confidentiality Agreement	8





HOPE HAVEN

Volunteer Packet

Welcome New Hope Haven Volunteer!

We appreciate you donating your time and efforts to enhance the lives of those we serve at Hope Haven. We serve with respect, compassion and professionalism: ***building lives, reaching potential, and “Bringing Hope to Life”!***

Please fill out the following pages and return them to the Volunteer Coordinator or visit our website at www.hopehaveninc.org to obtain a copy. Once all the paperwork is completed and verified, you will complete a Volunteer Orientation Session. The Volunteer Coordinator will schedule a time for you to attend one of the Volunteer Orientation Sessions.

Contents of the packet include:

1. Volunteer Application

The application must be signed (in ink), dated and witnessed. A copy of your current driver license is required for processing.

2. Volunteer Agreement

The agreement must be signed (in ink) and dated.

3. Background Consent and Release

The release must be signed (in ink), dated and witnessed.



4. Confidentiality Agreement

The agreement must be signed (in ink), dated and witnessed.

If you have any questions or concerns, please feel free to contact the Volunteer Coordinator.

Kristi DeMeritte
Volunteer Coordinator
704-382-8809, ext 290
704-372-0350, fax
kdemeritte@hopehaveninc.org

We look forward to working with you!

www.hopehaveninc.org Friend us on  Follow us on 



HOPE HAVEN

HOPE HAVEN AT GLANCE

Hope Haven, a foundation of recovery, provides life skills for homeless chemically dependent adults and families within a supportive residential environment. Since our inception in 1977, we have helped thousands achieve healthy recovery and economic independence. We were the first licensed therapeutic community in NC and we are recognized by the Department of Housing and Urban Development as the only organization of its kind in the US.

Our main location is the The Villages on North Tryon St., which provides transitional housing for approximately 170 single adults and families. We have three additional locations. The Arietta Black House for Women and our Charlotte Drive Men's House are supportive permanent housing facilities. While our newest location is the Serenity House in Concord, which is a half-way house for men. The Villages on North Tryon Street was once a drug-infested motel, however, the facility was purchased and renovated in 1996 to include individual apartments, a 17,500 square foot conference center, chapel, commercial greenhouse, an industrial laundry facility, commercial kitchen and a five-star childcare center. Residents are served three meals and two snacks per day on site. We provide vocational and counseling tools to ensure they can live a happy and successful alcohol and drug free life. Hope Haven is unique in that it provides 24-hour counseling services for residents. All residents can 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!

DID YOU KNOW?

- Hope Haven serves 330 men, women and families annually.
- Hope Haven is a United Way agency and is the only licensed residential aftercare facility providing substance abuse services for men, women and families in Mecklenburg County.
- Hope Haven's Families Program keeps families intact and decreases the number of children in the Foster Care System, saving the community thousands of dollars.
- 100% of the school age children achieved passing grades on each report card this past year. A structured family schedule, safe housing and a stable routine contributed to the child's functioning in school.
- 60% of our residents who stayed longer than 3 months became employed at an average of \$1,177 a month.



HOPE HAVEN

VOLUNTEER OPPORTUNITIES

You can change a life and empower our community by volunteering as an individual or group. Some volunteer opportunities are listed below. Please note that there are additional opportunities available. If you are interested in another opportunity or would like a complete job description, please feel free to contact the Volunteer Coordinator.

Volunteer Opportunities:

- **Drivers:** Transport residents to AA and NA meetings off-site, in the evenings from 6:00–9:00 P.M.
- **Childcare/ Babysitter:** Provide childcare for infant or child on-site in the residential Families Program. Flexible schedule: 1-4 hour shifts on evenings, holidays and weekends.
- **Community Room Partners:** Decorate a community room to live out your own HGTV moment! Work together as a team and decide upon a room design for one of our community rooms that promotes socialization for residents. The team will purchase all of the needed items and spend a day or two decorating the room. What better way to build staff morale-invite your friends/colleagues to participate in a beautification project and bring Hope to Life!
- **Donation Drive Leader:** Conduct a donation drive(s) for items on our wish list to help meet residential needs. This can be done by youth groups, churches, offices or a group of friends.
- **Gardeners:** Put on your gloves and get ready for some fun! Green thumbs needed to help maintain and care for the fruits and vegetables in Hope Haven's on-site garden and greenhouse. Volunteers are also needed to water the plants and/or garden weekly.
- **Grounds Beautification:** Help with spruce up the appearance of the grounds at one of our four facilities. Work on our grounds by clipping hedges, weeding, picking up debris and trash, spreading mulch, sweeping, washing windows or planting flowers.
- **Meal Sponsor:** Provide the lunch and dinner for 170 residents. Due to state regulations, we cannot serve homemade meals to our residents, however, you can pay for the cost of the meal, work closely with the staff to identify a menu, coordinate meal preparation, work on the serving line, and clean-up. Cook-outs are popular in the spring and Hope Haven has an outside grill that is waiting on you.

VOLUNTEER APPLICATION

Contact Information

Name _____

Address: _____ City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____ (Cell) _____

Email: _____ Employer _____

Availability

During which hours are you available for volunteer assignments?

- | |
|--|
| <input type="checkbox"/> Weekday mornings (9:00 A.M.-12:00 P.M.)
<input type="checkbox"/> Weekday afternoons (12:00 P.M.-5:00 P.M.) |
|--|

Locations:

Check the location you wish to volunteer:

- | | |
|---|---|
| <input type="checkbox"/> Main (The Villages)
3815 N. Tryon Street, Charlotte, NC | <input type="checkbox"/> Serenity House
172 Spring Street, SW, Concord, NC |
| <input type="checkbox"/> Arietta House (University Area) | <input type="checkbox"/> Charlotte Drive (Dilworth Area) |

Interests

Check areas that you are interested in volunteering:

- | | |
|---|--|
| <input type="checkbox"/> Adult Literacy
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Grounds
<input type="checkbox"/> Clothing Closet | <input type="checkbox"/> Newsletter production
<input type="checkbox"/> Food Service
<input type="checkbox"/> Special Projects |
|---|--|

Special Skills or Qualifications

Check any 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></p> <input type="checkbox"/> Telephone work/Receptionist <input type="checkbox"/> Data Entry		<p><u>Information Technology</u></p> <input type="checkbox"/> Computers	
<p><u>Medical</u></p> <input type="checkbox"/> Doctor/Dentist <input type="checkbox"/> RN/LPN		<p><u>Maintenance</u></p> <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Landscape Design	
<p><u>Education</u></p> <input type="checkbox"/> Tutor		<p><u>Arts</u></p> <input type="checkbox"/> Photography <input type="checkbox"/> Other (please list)	
<p><u>Marketing</u></p> <input type="checkbox"/> Special Events Planning <input type="checkbox"/> Graphics or Computer Graphics <input type="checkbox"/> Newsletter Production		<p><u>Food Services</u></p> <input type="checkbox"/> Catering/Culinary	

Previous Volunteer Experience:

Please summarize your previous volunteer experience:

Volunteer Limitations:

Do you have a criminal record? YES _____ NO _____ (If yes, please list convictions):

Is your request to volunteer to fulfill a court ordered community service order? YES ___ NO ___

Do you have any physical or mobility limitations? YES _____ NO _____ (If yes, please explain):

Person to Notify in Case of Emergency

Name	
Street Address	
City/State/Zip	
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 Driver's License to this form. 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 sold, or disclosed to any third party.

Thank you for completing this application form and for your interest in volunteering with Hope Haven, Inc .Please feel free to contact the Volunteer Coordinator with any questions or concerns,704-372-8809 Ext. 207.

Name _____ Date _____

VOLUNTEER AGREEMENT

5

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 the 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 VP, Development for poor attendance, poor performance or for actions, with warning, contrary to Hope Haven's policies and procedures.

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 Hope Haven's volunteer program are to clear the activities through the VP, Development and Community Engagement, 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 VP, Development and Community Engagement 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 _____

6

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 said report will be made available to me prior to any decision being made, along with the name and address of the reporting agency that produced said 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: ____/____/____

I affirm that, to the best of my knowledge, the information on this application is correct.

Print Name

Signature of Volunteer Applicant

Date

Witness Signature

Date

Volunteers may be dismissed by the Volunteer Coordinator or VP, Development and Community Engagement for poor attendance, poor performance or for actions, with warning, contrary to Hope Haven's policies and procedures.



HOPE HAVEN

CONFIDENTIALITY AGREEMENT

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 _____

***“Whenever there is a human need, there is an opportunity
for kindness and to make a difference”.***
Kevin Heath