



# Isaiah 58 Repairing, Rebuilding, Restoring Lives

**PLACE OF HOPE MINISTRIES VOLUNTEER/ EMPLOYMENT APPLICATION**  
Thank you for your interest in volunteering for Place of Hope Ministries. Each volunteer is a much-appreciated part of our T.E.A.M. Hope (Together Encouraging and Ministering). On page two there are specific volunteer opportunities to indicate interest in. However, we would like it if you would check the general areas you are interested in on this page also. Thank you so much.

<b>Area of Volunteer Interest:</b>  (Hit TAB to move to next blank line)	<b>Christian Living Center</b> _____ <b>Homeless Outreach Center</b> _____	<b>Overnight Sheltering Program (Church of the Week)</b> _____	<b>Unsure</b> _____ <b>Other</b> (please specify) _____  <i>Hit TAB key to move to next blank box</i>
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**PERSONAL DATA:** Name \_\_\_\_\_  
*Hit TAB key to move to next blank box!*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Area Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Area Code \_\_\_\_\_ Cell Phone \_\_\_\_\_ Area Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Church Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone \_\_\_\_\_ Pastor \_\_\_\_\_

Is transportation available for you to get to your volunteer assignment? \_\_\_\_\_

Drivers License Number (if driving is an essential job function) \_\_\_\_\_

Have you ever submitted a volunteer or employment application at Place of Hope Ministries before?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when did you submit it? \_\_\_\_\_

Where did you hear about the opportunity to volunteer? \_\_\_\_\_

**Special licenses and Certificates**

1. \_\_\_\_\_
2. \_\_\_\_\_

Languages spoken other than English \_\_\_\_\_

**EDUCATION AND FORMAL TRAINING**

Do you have a high school diploma or GED Certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Schools attended after high school or special training received:

College/Business or Trade School - Name and Location	Field of Study or Major	Degree awarded	Credit hrs or Course length	Did you Graduate?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**VOLUNTEER OPPORTUNITIES AND HOURS OF AVAILABILITY**

Please mark your availability and interests. This will assist us in matching you with volunteer opportunities.

Marking more than one does not mean you will have to volunteer for each assignment and/or time slot. It will indicate your willingness to volunteer for some of those hours or jobs if needed.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<b>M O R N</b>	_____	_____	_____	_____	_____	_____	_____
<b>A F T</b>	_____	_____	_____	_____	_____	_____	_____
<b>E V E</b>	_____	_____	_____	_____	_____	_____	_____

**Volunteer Assignment Choices**

Hours will vary and you will be matched to your availability and volunteer assignments. Check all that interest you.

• **For the Homeless Outreach and Intake Center and Church of the Week Sheltering:**

- |       |   |       |   |
|-------|---|-------|---|
| _____ | Evenings or overnights(at your church)  | _____ | Evenings or overnights(at other churches) |
| _____ | Transportation (your vehicle)   | _____ | Transportation (organizations' vehicle)   |
| _____ | Front Desk help at Homeless Outreach Center   | _____ | General help at Homeless Outreach Center  |
| _____ | Food preparation or serving or clean-up for community meals and/or daily meals at the outreach or residential center. | _____ | Transportation to YMCA or appointments    |
| _____ | Emergency Food Shelf assistance (Sorting, packing bags, etc.)   |       |   |
| _____ | Emergency Clothing Center Assistance (Folding, sorting, etc )   |       |   |

• **For Christian Living Center or General:**

- |       |   |       |                            |
|-------|---|-------|----------------------------|
| _____ | General cleaning and maintenance.   | _____ | Car repair and maintenance |
| _____ | Child care  | _____ | Data entry assistance      |
| _____ | Mentors (Befriending individuals and/or families who are working toward self-sufficiency. Many after a crisis or after exiting the jail system. ) |       |                            |
| _____ | Women's or men's staff (days, evenings or overnights) <i>specify:</i> _____   |       |                            |
| _____ | General Office Help   | _____ | Building Maintenance       |
| _____ | Construction  | _____ | Prayer Ministry            |

Some needs are on an ongoing basis, others can change from month to month. Call 320-203-7881 and ask for the Volunteer Specialist

\* If your interests are not included above, please list your interests below. More than likely, there will be a need in the near future. \_\_\_\_\_

\_\_\_\_\_

Along with the initial volunteer orientation provided by the Place of Hope staff, training and support will be provided by each facility you will be working with.



Tell us in a few words what motivates you to volunteer at Place of Hope Ministries. \_\_\_\_\_

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**EMPLOYMENT/VOLUNTEER HISTORY**

Please list below your work experience, paid or volunteer beginning with your present or most recent. Go back at least five years if applicable. Please describe each job and/or volunteer position and emphasize your specific tasks.

**EMPLOYMENT HISTORY**

- Name of organization \_\_\_\_\_ Full or Part-time? \_\_\_\_\_

Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dates of Employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Duties (be specific): \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**VOLUNTEER HISTORY**

- Name of organization \_\_\_\_\_ Full or Part-time? \_\_\_\_\_

Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dates of Employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Duties (be specific): \_\_\_\_\_

- Name of organization \_\_\_\_\_ Full or Part-time? \_\_\_\_\_

Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dates of Employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Duties (be specific): \_\_\_\_\_

Have you been convicted of a criminal offense (excluding minor traffic violations) within the last five years? \_\_\_\_\_ If yes, Please explain \_\_\_\_\_

- Have you ever been accused of child molestation, sexual abuse or harassment? \_\_\_\_\_

**APPLICANT'S STATEMENT**

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge.

- I hereby authorize those references, churches, businesses and employers listed herein, unless otherwise noted, to provide any information, records, etc. they may have regarding my work/volunteer history and reliability

**I understand that I must have never been charged or convicted of a sexual crime of any kind to obtain volunteer status at Place of Hope.**

- I also give permission for Place of Hope Ministries to do a criminal background check.
- I also release Place of Hope Ministries from responsibility for accidents or injury while performing volunteer services for them.

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

*If filling this electronically, please type your first, middle, and last name*

**Place of Hope Ministries Volunteer Programs**

**CONFIDENTIALITY AGREEMENT**

Every guest or resident that we serve, present or past, has the right to expect all information regarding oneself and family to be handled in a confidential manner. Written policies and procedures that protect the confidentiality of our guests or residents prohibits volunteers from discussing guest and family problems or information with anyone, except designated staff or director. Discussions with designated staff regarding guest and/or their families should never occur at informal gatherings or within the hearing of other guests, residents, their families or the general public.

I, \_\_\_\_\_, understand the above statements and agree to maintain the highest standards of confidentiality in my work with Place of Hope Ministries and any of it's programs. I will not reveal, now or in the future, any information I regards to guests, residents or their families to which I have access in my volunteer work with Place of Hope Ministries.



Further, I understand that a breach of confidentiality will/may result in immediate termination of my volunteer position.

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

*Do not type in the above line. Use for handwritten signature only*

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**How to submit your application:**

**EMAIL:**

Attach this document to an email message and send to [hope@placeofhopeministries.org](mailto:hope@placeofhopeministries.org)  
Attn: Completed Volunteer Application in the subject line.

**MAIL:**

Place of Hope Ministries  
Volunteer Coordinator  
511 9th Ave N  
St. Cloud, MN 56303  
(320) 203-7881

**FAX:**

Place of Hope Ministries  
Attn: Volunteer Coordinator  
(320) 203-7882

**For office use only:**

**VOLUNTEER CHECKLIST AND TRAINING RECORD**

Dates of:

Application Received \_\_\_\_\_

Interview \_\_\_\_\_ By \_\_\_\_\_

Background Check \_\_\_\_\_ By \_\_\_\_\_

(Include Results in file)

Beginning Date: \_\_\_\_\_

At what Facility \_\_\_\_\_ Position \_\_\_\_\_

Dates of Training: Orientation \_\_\_\_\_ 6 month \_\_\_\_\_ One year \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date of Three month Probationary review \_\_\_\_\_ Staff \_\_\_\_\_

Did employee/volunteer successfully complete the three month probationary period?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken after three month review.

Continued employment/volunteering \_\_\_\_\_

Dismissed \_\_\_\_\_

Reasons:

\_\_\_\_\_  
\_\_\_\_\_

Please include reviews, training sheets and other employee information in file.

(Compensation (if any) information in bookkeeping file)

