



Volunteer Application

(507) 334-5043 · suzannef.ruthshouse@gmail.com

Applicant Information

Name: _____

Preferred Name: _____

Mailing Address: _____

Telephone: Home: _____ Cell: _____

Email: _____

Are you a college student? _____ High school? _____ Which school? _____

What year? Freshman Sophomore Junior Senior Major? _____

Are you fluent in any languages other than English, including sign language? _____

Person to contact in case of emergency: _____ Phone: _____

Volunteering and Experiences

Previous volunteer experience: _____

List any civic or organizations to which you belong: _____

How did you become interested in Ruth's House and what prompted you to become involved as a volunteer? _____

What do you hope to gain from this experience?

- | | |
|---|---|
| <input type="checkbox"/> Impact a cause that I care about | <input type="checkbox"/> Add variety and spice to life |
| <input type="checkbox"/> Earn credit for school | <input type="checkbox"/> Socialize |
| <input type="checkbox"/> Improve community | <input type="checkbox"/> Give back to the community/ agency |
| <input type="checkbox"/> Continue to use skills after retiring | <input type="checkbox"/> Have fun |
| <input type="checkbox"/> Work off court fines | <input type="checkbox"/> Receive recognition |
| <input type="checkbox"/> Gain new experience/ skills/ information | <input type="checkbox"/> Meet new people |

Additional comments: _____

When are you available to volunteer? Please be specific as possible.

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |
| <input type="checkbox"/> Overnight | <input type="checkbox"/> No preference |

Comments: _____

Would you consider a commitment to volunteer for one year? ____ Yes ____ No

If not, how long would you like to volunteer? _____

Do you have past experiences (work, school, volunteer) related to Homelessness, Domestic Violence, Addiction or Poverty? If yes, please explain. _____

Have you experienced Homelessness, Domestic Violence, Addiction and/or Poverty during the past two years? ____ If yes, please state the date and which type of situation you experienced.

Are you willing to use your car to assist residents with transportation? ____ Yes ____ No

Are there any limitations to what you are able to do? _____

Areas of Interest

If possible, please indicate which opportunities you are most interested in:

Direct – Client Support Services

- Child Care
- Assisting with Activities for residents
- Transportation
- Moving – transporting furniture and other household items

Indirect – Ruth’s House

- Front Desk – greeting visitors, answering the phone
- Clerical
- Computer Support – data entry, computer maintenance
- Donations
- Fundraising – grants, fundraising events
- Household Help – grocery shopping, caring for plants, recycling, sewing, etc.
- Mailings – newsletters, etc.
- Special events
- Public education and promotions

Just about any skill or interest can be shared with others and applied in a volunteer capacity. To better determine your special skills and interests, and how they can be applied at Ruth’s House, please take a few minutes to fill in the lines below. List anything that comes to mind!

What are some of your interests? _____

What are some of your skills? List anything from “baking” to “sewing” to “public speaking,” etc.

What can we do, as an organization, to provide a satisfying volunteer experience and motivate you to stay involved with Ruth’s House? _____

If you are a licensed professional, please list the following:

Type of license: _____ License number: _____

Name of the license: _____

Has a licensing board, professional association, or education institution/training ever taken disciplinary action of any sort against you? _____

Have you ever had a criminal action brought against you? _____

If you answered yes to any of these questions, please explain: _____

References

Please provide two references. One may be a personal or social reference (**no family members**).

1. Name: _____ Relationship: _____

Mailing address: _____

Daytime Phone: _____

2. Name: _____ Relationship: _____

Mailing address: _____

Daytime Phone: _____

Disclaimer and Signature

All the information given here is true. I realize that the identity and circumstances of any victim/survivor that I encounter through my association with this agency must be kept completely confidential. My signature also gives Ruth's House permission to contact my references.

Signature: _____ Date: _____

Ruth's House Volunteer Position Information

Ruth's House agrees to:

- Provide the necessary initial orientation, training and supervision
- Provide opportunities for continuing education through volunteer meetings
- Provide support and opportunities for debriefing in difficult situations
- Offer a variety of volunteer opportunities
- Provide ongoing communication between volunteers and staff on new information and procedures

I agree to:

- Do my best to provide the best volunteer service I am capable of
- Provide at least 24-hour notice of need of replacement for my scheduled shift, except in emergency situations

Signature: _____ Date: _____

Please return this application either by mailing or bringing to Ruth's House. You may also call Suzzanne, the Volunteer Coordinator, to schedule an interview and turn in your application then (suzzannef.ruthshouse@gmail.com or 507-334-5043).

Mailing Address:

Ruth's House of Hope, Inc.
Volunteer Coordinator
219 4th Avenue NW
Faribault, MN 55021

House Address:

Ruth's House
Mon – Thurs, 8am – 4pm
124 1st Avenue SW
Faribault, MN 55021



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New Staff or Volunteer Name:

STATEMENT OF CONFIDENTIALITY

- In my role as an employee, volunteer, or board member of Ruth's House, I understand that for the protection of all, I am prohibited from disclosing the contents of all communications, all records, all files except for the purposes directly connected with the administration of this agency.
- Any information shared by a resident or information witnessed by me will be held in complete confidence
- I understand that the name or identity of any persons served by this agency will remain confidential, unless: 1) the resident personally chooses to publicly disclose the fact, or 2) the resident signs a Release of Information form with another agency
- Additionally, I understand that once my association with Ruth's House has ended, all information will continue to be held in complete confidence.
- The only exception to this confidentiality statement is with regards to Mandated Reporting. If I know or have reason to believe that a child is in danger, I must make a report according to Minnesota State Reporting Laws.

Signature of Volunteer/Staff

Date

Signature of Volunteer Coordinator

Date