



individual volunteer application

PLEASE RETURN TO: The Volunteer Center at
1 Haven for Hope Way | San Antonio, TX 78207
Individual Volunteers: (210) 220-2132
Volunteer Groups: (210) 220-2186
Fax: (210) 220-2125
Email: volunteers@havenforhope.org
(Volunteer T-Shirts are available for a suggested donation of \$15 each or \$12 each for five or more.)

Thank you for your interest in volunteering!

- Applicants under 18 years of age – please complete with your information and not your parent’s, except where indicated.
- Please note, individuals currently receiving services from Haven for Hope or its partner agencies may not be eligible to volunteer at this time. Please check with a Volunteer Services staff member. Out of respect for our members’/guests’ privacy, an individual who has a pre-existing personal relationship with a member on campus or a guest in the courtyard is not eligible to volunteer.
- After completing the tour, submitting the application packet and copy of valid ID, and completing the background check, please allow up to one (1) week to process.
- Background check activity may delay the application process but does not automatically preclude an individual from qualifying to volunteer. Haven for Hope is a place of new beginnings and any background check activity will be compassionately discussed with the applicant to determine eligibility. We appreciate your understanding.

FULL NAME: _____ GENDER: Male Female

STREET ADDRESS: _____ APT #: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ Mobile Home Work EMAIL: _____

PLACE OF EMPLOYMENT: _____ TYPE OF WORK: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: (____) _____

BACKGROUND CHECK: Complete and pay online at www.havenforhope.org/volunteerbackground. Date completed: _____

SPECIAL SKILLS (feel free to attach a resume or CV - not required): _____

HOW DID YOU HEAR ABOUT HAVEN FOR HOPE? _____

ARE YOU A HAVEN FOR HOPE (please check): CURRENT MEMBER FORMER MEMBER FORMER H4H EMPLOYEE FORMER VOLUNTEER
 FORMER PARTNER AGENCY EMPLOYEE FORMER PARTNER AGENCY MEMBER

DO YOU HAVE A PRE-EXISTING RELATIONSHIP WITH A MEMBER ON CAMPUS OR A GUEST IN THE COURTYARD? Yes No (If yes, please see refer to above notice)

WHY WOULD YOU LIKE TO VOLUNTEER AT HAVEN FOR HOPE? _____

WHICH VOLUNTEER OPPORTUNITIES ARE YOU INTERESTED IN? (LIST THREE IN ORDER OF PRIORITY) 1. _____

2. _____ 3. _____

SPECIFY DAYS, TIMES, & FREQUENCY YOU CAN VOLUNTEER): _____

PLEASE COMPLETE IF APPLICANT IS UNDER 18 YEARS OF AGE:

Parent/Legal Guardian’s Name: _____

Address (if different from above): _____

Phone Number: (____) _____ Email: _____

Name of Alternate Emergency Contact (if parent is unavailable): _____ Relationship to Minor: _____



volunteer agreement

I have read, understand and agree to the following as a condition of being accepted as a volunteer at Haven for Hope (H4H):

VOLUNTEER RELEASE: I hereby agree to accept a position as a volunteer worker for Haven for Hope (“H4H”). I agree to comply with all of H4H’s policies, rules and regulations while on the H4H campus, and I understand that failure to do so may result in my immediate termination as a volunteer. I agree to do carry out my volunteer responsibilities in an accurate and professional manner. This includes being courteous and helpful to everyone at the H4H campus, including residents, staff, other volunteers, and visitors. I agree that my services are provided strictly on a volunteer basis, without any pay or compensation, and all services are performed at my own risk. I recognize that all records, files, forms, applications, mail lists, passwords, security codes, and other information that I create or receive as a volunteer at H4H, and all items belonging to H4H or bearing H4H’s logo or name, are H4H’s sole property and may not be disseminated, used, published, or sold by me without the written consent of the Director of Volunteer Services.

PUBLIC STATEMENTS; HAVEN’S LOGOS, ETC.; MEDIA RELEASE: I understand that I am not authorized to make any public statements whatsoever about or on behalf of H4H, including on social media or to any media organizations (including through advertisements, press releases, articles, interviews, etc.) without prior written approval from H4H. I will not use H4H’s name, logo or other intellectual property unless I am specifically authorized to do so by H4H. I understand that public relations are an important part of volunteering at H4H. On behalf of myself, my heirs, personal representatives, and executors, I give H4H permission to use, for any lawful purpose (including for publicity, advertising, and fundraising) any and all photographs and/or video taken of me including but not limited to the following: H4H’s official website, all social networking sites, and/or various non-related websites.

SEX OFFENDER REGISTRY: I attest that I have not been charged with or convicted of, a sexual offense in any jurisdiction, and am not a Registered Sex Offender. I understand that H4H reserves the right to vet volunteers through the National and Texas Sex Offender Registries.

STATEMENT OF CONFIDENTIALITY: I understand that the identity and personal information of persons receiving services at H4H (“clients”) is highly confidential and protected by state and federal laws and H4H policies, and I will not use or disclose such information in any manner, to include taking photographs, except in accordance with H4H’s policies and unless I first obtain written approval from the H4H Volunteer Services Department. Such information includes (but is not limited to) records concerning the identity, diagnosis, prognosis, and or services provided to clients by H4H or any of its partners. The confidentiality obligation continues to apply after I cease to be an H4H volunteer. I acknowledge that I have read and understand the above statements and will keep in strict confidence any such information that I observe or is revealed to me while I am at the H4H campus or participating in any volunteer event or activity elsewhere. I understand that this provision prohibits me from communicating any such confidential information to anyone except expressly allowed by H4H’s policy.

RELATIONSHIPS WITH CLIENTS: I understand that in the interest of maintaining client’ privacy and to allow them the space for transformation, it is important that I never cross professional boundaries with clients, which would including giving things of value to clients; giving rides to clients, or engaging in social activities with clients other than events sponsored by H4H or its partner agencies to which I am invited. I also understand that an individual who has a pre-existing personal relationship with a member currently residing on the H4H campus or a guest in the courtyard may not be eligible to volunteer at H4H. I do not currently have such a relationship and will inform the H4H Director of Volunteer Services if, at any time, this statement becomes untrue.

AUTHORIZED DRIVERS: I will not offer or give a ride to any client, nor drive any H4H vehicle, unless I am an H4H Approved Driver. “Approved Driver” means a person who has been approved by the H4H Life Safety Department and H4H’s insurer, as a driver of H4H vehicles. If I am an Approved Driver, I agree to: (a) comply at all times with the H4H Vehicle Use Policy (on the H4H intranet) in connection with activities at or for H4H; (b) immediately notify the H4H Life Safety Director if my license is suspended or revoked; and (c) maintain my personal auto liability insurance as required by state law and will provide proof of insurance to H4H on request.

WAIVER OF LIABILITY: I understand that there may be risks associated with participating as an H4H volunteer. By choosing to participate, I acknowledge that I am assuming those risks on behalf of myself. In consideration of H4H permitting me to come onto the H4H campus and participate as a volunteer, : (A) I HEREBY WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability resulting or arising from my presence on the H4H campus or participation in volunteer events, including travel to and from such events, including but not limited to the negligence (except for the sole or gross negligence) or fault of the entities or persons released, for my death, disability, injury, property damage or loss, THE FOLLOWING ENTITIES OR PERSONS: Haven for Hope of Bexar County and its partner organizations, and the City of San Antonio, and each of their respective directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, and activity or event volunteers; (B) I HEREBY INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned above from any and all liabilities or claims made as a result of my presence on campus or participation in any volunteer activity or event, whether caused by the negligence of the released parties or otherwise. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

POLICIES AND PRACTICES: I agree to actively perform my duties to the best of my ability and adhere to H4H Volunteer Policies and Practices, and H4H’s rules, regulations, policies and instructions that apply to me while I am on the H4H campus or participating in a volunteer event. If I have any questions regarding H4H’s policies and practices, I will discuss them with the H4H Director of Volunteer Services or the Haven Legal department.

DRUG FREE WORKPLACE POLICY: I understand that I am covered by H4H’s Drug Free Workplace Policy whenever I am on the H4H campus and any other places where I am involved in activities as an H4H volunteer. That policy prohibits the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the H4H workplace, and I will be terminated as an H4H volunteer if I violate the policy.

PARENT OR GUARDIAN AUTHORIZATION (IF VOLUNTEER IS UNDER 18 YEARS OF AGE): My child, named below, is a volunteer with Haven for Hope of Bexar County. I am either the parent or legal guardian of the child. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. I give consent for my child to participate in volunteer activity, as applicable. I understand the risks involved with any extracurricular volunteer activity. In case of an emergency, in my absence, I hereby authorize an adult representative of Haven for Hope, to consent to any medical, dental or surgical examinations, services, or treatment for my child; and I agree to pay for all costs for this emergency care. I understand that all volunteers, including the child named below, are expected to conduct themselves in conformance with the policies and rules established by Haven for Hope and the directives and rules of the Haven for Hope staff member coordinating the volunteer activity. I have read and understand this authorization. I execute it voluntarily, without coercion and with full knowledge of its significance. I have discussed Haven for Hope’s Volunteer Agreement with my child and by signature below denote my acceptance of said agreement.

GOVERNING LAW: This agreement is governed by the internal laws of the State of Texas.

Date: _____

Volunteer Signature (or signature of parent/guardian if applicant is under 18 years of age)

Print Volunteer Name
(or name of parent/guardian if applicant is under 18 years of age)

Print Name of Minor (if applicable)