



Volunteer Application Packet for Safe Haven Maternity Home

Dear Volunteer,

Welcome to Safe Haven Maternity Home! Our vision is to provide a safe home with hope for a better future one mother and baby at a time. You are now part of a vision that is continually being fulfilled.

Why We Are Here

Safe Haven Maternity Home was established in 1992 to provide a safe, nurturing, homelike residence for pregnant teens and young women with babies, who are homeless or in unsafe, abusive situations. We offer housing, supervision, nutritious meals; transportation to training, schools, medical and other necessary appointments; assessments, referrals and follow-up with community resources during pregnancy and after; life and job skills training, parenting education, and emotional support.

Our Purpose

Safe Haven's overall purpose is to ensure residents develop successful independent living and job skills necessary to act as responsible parents and become contributing members in their community. Life and job skills are essential to success.

1. To provide safe housing and nutritious meals.
2. To insure residents obtain proper medical care.
3. To assist with continuation of education.
4. To assist in gaining access to community resources available.
5. To provide life skills training (parenting classes, budgeting, career planning, etc.).
6. To assist in obtaining vocational training as well as helping seek employment.
7. To provide counseling and help in learning communication skills.
8. To provide access to spiritual guidance.
9. To help acquire necessary maternity and infant items.
10. To help in finding permanent safe housing.

You are now part of the answer to help these young women and their child(ren)! Thank you for your interest in joining together with us to change the future of Douglas County, one life at a time!

Sincerely,

Rosa Mohlsick
Executive Director

Volunteer Guidelines

Below is a list of qualifications and guidelines which we consider necessary to work at Safe Haven Maternity Home:

1. You must have a heart for this ministry and truly believe you have been called to serve at Safe Haven. The young women at Safe Haven are transitioning into a healthy lifestyle and need encouragement not judgment, positive reinforcement not negative feedback. Have a spirit of sensitivity.
2. You must agree to be interviewed by the staff after submitting an application for service.
3. You must realize that your task should be performed in humility and meekness. Have a humble servant spirit.
4. You must be free of communicable diseases (or must disclose any communicable diseases for the safety of our residents).
5. You must be cleared by the State of Oregon through a thorough Criminal Background Check.
6. You will be in contact with young women who are making life decisions; please do not counsel on adoption or parenting. This is done by designated staff.
7. Be prompt. The staff is depending on your timely arrival to help the house run smoothly – without interruption and confusion. Have a spirit of faithfulness.
8. Sign in and sign out. A volunteer timesheet is located in the staff office. Please sign in when you arrive. Give the date and time you begin working; then sign out when you leave. Also, please indicate the type of work you did while at the house.
9. Please give advance notice when you will not be able to work your regularly scheduled time so that a substitute may be found. If you must cancel at the last minute, please call the house immediately.
10. Never leave a resident home alone unless staff or another volunteer is present. If circumstances require you to be the only person present with a resident (either in the home or away), you are to be with her at all times unless the program manager gives you permission to do otherwise. If you must leave because of an emergency, please contact the staff immediately.
11. Communicate with the staff in charge if you have any problems. Never consider a problem too small or unimportant to report.
12. Follow strict rules of hygiene. Wash hands thoroughly before using kitchen facilities and after using the rest room.

If you agree with the above 12 declarations please fill out the application and submit to:

Safe Haven Maternity Home
PO Box 1822/445 NE Chestnut Ave.
Roseburg, OR 97470
541-464-2740
safehavenmaternity@gmail.com

Volunteer Application



For Office Use Only:	
Position _____	
Time: _____	Days: _____
Background Check Date _____	Offered Start Date _____

Personal Information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone (Home/Cell): _____ (work): _____

Email: _____

Gender: Male Female Marital Status: Married Single Divorced

Spouse's name if married: _____

Children (list names & ages) : _____

Have you ever participated in or been accused, or convicted of child abuse or child molestation?
 Yes No

If yes, please explain: _____

Current Employment:

Employer: _____

Position: _____ Full Time Part Time

Past Employment:

Name of Employer	City/State	Position	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church Affiliation:

Name of church and denomination: _____

Location (City): _____ Years attended: _____

Are you currently active in the ministry of your church? If so, what is your involvement? _____

Past Volunteer Service:

Place of Service	City/State	Position	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hobbies & Interests: _____

Education:

High School _____ College _____

Type of Degree _____

Interests:

Tell us which areas you are interested in volunteering

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Group Projects |
| <input type="checkbox"/> Events | <input type="checkbox"/> Craft Teacher | <input type="checkbox"/> Parenting/Life Skills |
| <input type="checkbox"/> Social Media/Website | <input type="checkbox"/> Newsletter Mailing Team | <input type="checkbox"/> Instruction |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Donations Assistant |

Special skills, gifts of talents I would like to offer Safe Haven: _____

Explain briefly why you would like to volunteer at Safe Haven:

References:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

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: _____

Statement of Confidentiality

Confidentiality is the preservation of privileged information, which is disclosed in a professional working relationship. Part of what you learn is necessary to perform the duties of your position with SAFE HAVEN, other information is shared within the development of a helping, trusting relationship. Therefore, personal information gained as an employee or volunteer is either confidential in terms of law and disclosure could make you legally liable or if misused could damage your relationship with SAFE HAVEN making it difficult to continue your employment and could even result in termination.

All records dealing with specific residents must be treated as confidential. General information, policy statements or statistical material, which is not identified with any individual or statistical material, are also classified as confidential.

Before you begin your relationship with SAFE HAVEN as an employee or a volunteer, you need to be aware of the laws and penalties of breaching confidentiality. Giving information to an unauthorized person could be interpreted as not acting within the scope of duty and could result in legal action. Violation of Oregon Revised Statutes regarding of confidentiality of records/information is punishable upon conviction by a fine or not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

My signature below certifies that I have read the above material. I understand my duty as an employee or volunteer for SAFE HAVEN is to abide by the laws and policies regarding the preservation of confidential information.

Name: _____

Signature: _____ Date: _____

Volunteer's Statement of Commitment

By signing this agreement I agree to:

- Demonstrate non-biased service to women of diverse ethnic, religious, racial and socio-economic backgrounds.
- Contribute my services, gifts and talents to the vision and mission of Safe Haven Maternity Home.
- Be consistently faithful in my commitment to volunteer at Safe Haven Maternity Home.
- I recognize that my dependability will contribute to the smooth functioning of the house.

I commit to volunteer to serve a Safe Haven for a period of

_____ 3 months _____ 6 months (please check one)

At the end of such time, I will meet with the Safe Haven staff to discuss if I wish to continue volunteering for Safe Haven.

Signature: _____

Date: _____