

A Peaceful Habitation Home & Aftercare Ministry, Inc.
Service Volunteer Provider Application

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City, State, Zip | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Email Address | |

Availability

During which hours are you available for volunteer assignments?

| | |
|--------------------------|--------------------------|
| _____ Weekday mornings | _____ Weekend mornings |
| _____ Weekday afternoons | _____ Weekend afternoons |
| _____ Weekday evenings | _____ Weekend evenings |

Interests

Tell us in which areas are you interested in volunteering

| | |
|--|---------------------------------------|
| _____ Administration | _____ Bible Study Facilitator/Teacher |
| _____ Events | _____ Mentor/Coaching |
| _____ Stress Management Facilitator | _____ Problem Solving Facilitator |
| _____ Fundraising | _____ Deliveries/Transportation |
| _____ Relapse Prevention Facilitator | _____ Office Support |
| _____ Social Skills Facilitator | _____ Newsletter Production |
| _____ Money Management Facilitator | _____ Grounds Keeping/Maintenance |
| _____ Instructor/Computer Training in Word | _____ Car Maintenance |
| _____ Excel, PowerPoint, Micro-Soft Access | |

Church Attendance

| | |
|----------------|--|
| Church Name | |
| Street Address | |
| Phone | |
| Pastor's Name | |

References

| | |
|--------------------|--------------------|
| Name _____ | Name _____ |
| Phone _____ | Phone _____ |
| Relationship _____ | Relationship _____ |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous service, volunteer work, or through other activities, including hobbies or sports.

Special Skills or Qualifications

What experience do you have with the Criminal Justice System? Do you know of someone who is/or has been in the Criminal Justice System? Summarize

1. _____

2. _____

Previous Volunteer Experience

Summarize your previous service volunteer experience.

Do you have any medical conditions we should be aware of in case of emergency?

Yes No What? _____

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City, State, Zip | |
| Home Phone | |
| Work Phone | |
| Email Address | |

A Peaceful Habitation: Our Policy

It is the policy of this Christian aftercare organization to provide opportunities to individuals that will help further the growth and the integrity of APH, Inc. and to help further the vision of APH, Inc. in accomplishing our goal of opening home(s) that will assist female ex-offenders to successfully transition in to the community. Please read the following:

1. Know your schedule: The women have very “full” schedules. Because most meetings are in the evening, it is very important that all volunteers arrive on time and comply with the time allotted for their meetings.
2. If you have to cancel, please let APH staff know as soon as possible, so the women can be notified.
3. If you are partnered with other volunteers and you have a “group leader”, please insure that all volunteers have been identified to APH staff. If you are the leader, please provide a list (either verbal or in writing) of volunteers that will be in attendance. Insure all regular visitors have submitted a volunteer application to APH, Inc.
4. Set boundaries early in the relationship:
 - Set the parameters or boundaries of the relationship from the beginning.
 - Identify what you will and will not do.
 - What is appropriate, what is not appropriate and will not be tolerated.
 - Make sure you, APH, Inc, staff and Participants are clear regarding these boundaries.
5. Please insure that any and all donations that are brought during a meeting are processed through APH staff and not given directly to any Participants (unless prior arrangements have been made).
6. If meeting/workshop is held off-site (not at the APH homes), the women are to stay in the meeting area; they cannot leave with anyone for any reason and cannot ask to use telephones for personal reasons (unless to call APH to be picked up).
7. Do not come to a meeting/workshop if you have been drinking alcohol.
8. If you are providing transportation, please do not carry any weapons or illegal items in your vehicle (I know a no-brainer).
9. Be accountable for your behavior and fulfill the obligations of your program only.
10. Do not be the catalyst for a problem between a participant or APH staff.
11. Don't be misled by flattery. Sometimes the supposed gratitude, “you're the only person that will listen to me” is the first step towards getting you to do something that you should not do.
12. Don't make assumptions. Just because it may sound reasonable, doesn't mean it is. If you're not sure, “check it out” with your group leader or the staff person in charge of supervising your program.
13. Do not become an advocate for the participant. A participant may want to tell you how the staff or other participants are abusing them, or how they are being deprived of some item or privilege. Participants will frequently voice complaints, either real or imagined to anyone they think might be able to assist them get what they want. There are internal avenues of relief for a participant who believes she is being abused or mistreated. The participant needs to use the avenues and bring the problem to light by going through the appropriate channels.
14. The best course of action would be to listen to the Participant and then reminder her of the purpose of her residing at APH, Inc. Reestablish boundaries and recommend that she consider using whatever resources are in place to discuss any grievances.
15. As a volunteer you are there to provide a specific service. It will not be helpful if you become an advocate for the participant and become involved in the day-to-day affairs of the institution. Check with your group leader and APH, Inc. Home Coordinator and/or Program Manager, if you are not sure about how to deal with the situation.
16. Confidentiality of Information: What you talk about with the participant is between you and that person. You may be able to overlook what the participant has done in her past, but others in your group may not. Keeping confidentiality boundaries can be a way of gaining the participant's trust and respect. Confidentiality has its limits. If a participant tells you something that leads you to believe the life and or safety of another, or hers is in jeopardy, you have an obligation to report it to APH, Inc. staff as soon as possible.

17. The safety safety zone—More Do's and Don'ts
Respect these safeguards and the likelihood of problems will be minimal
18. It is advisable, that you do not provide the participant with your home address, or phone number.
19. It is advisable that you do not advise a participant of your place of work, address or phone number.
20. Do not give names/addresses of family or friends. As often as possible, do not discuss personal or family life/problems with the participant. Use hypothetical situations as much as possible.

Disclaimer

I understand the people I may come in contact with weekly, daily or monthly will be women that have been in the criminal justice system (prison or jail), and they are considered ex-felons. I understand that as a Service Provider Volunteer, I will not hold A Peaceful Habitation Home & Aftercare Ministry, Inc. liable for any fees in the event of an accident or injury resulting while volunteering.

Signature

Date

Pastor's Endorsement/Referral:

Signature

Date

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 statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Drivers License _____ SSN: _____ ID Number _____

Name (printed) _____ DOB: _____

Signature _____

Date _____

Thank you for completing this application and for your interest in volunteering with us. If you have any questions, call Leticia Chavez-Paulette, Executive Director at 505-440-5937; 505-294-5310 Fax 1-877-986-9227 or email leticia@apeacefulhabitation.org or letiplet@g.com
Please mail the completed application to:
P.O. Box 53516; Albuquerque, NM 87153
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