

# The Hannah Center, Inc.

212 East Third St.

Marshfield, WI 54449

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www.hannahcenter.com

For office use only:

PC: \_\_\_\_\_ Date: \_\_\_\_\_

DB: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER APPLICATION AND INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Do you hold a valid Wisconsin Driver's License? \_\_\_\_\_ License #: \_\_\_\_\_

Special skills you possess that might enhance your role at The Hannah Center:

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

Volunteer availability (days & times): \_\_\_\_\_

In an emergency, could we call you on a "spur of the moment?" \_\_\_\_\_

Please share any information you wish on why you want to volunteer at The Hannah Center:

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

### **VOLUNTEER PLEDGE**

I, \_\_\_\_\_, hereby pledge that as long as I am a volunteer for The Hannah Center or am representing the organization in any capacity, I will adhere to all policies and procedures of the Center. I will treat all conversations as confidential.

As a volunteer for The Hannah Center, my life is an example to the young women I may be guiding. Therefore, I will lead my own life according to the values which The Hannah Center attempts to impart to its residents.

Finally, I will treat all information that I obtain on individual clients/residents of The Hannah Center as completely confidential, both during and after my association with the Center.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

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

### **THE FOLLOWING MUST BE COMPLETED BY ALL EMPLOYEES, VOLUNTEERS AND BOARD MEMBERS.**

Sexual misconduct by personnel (including officers, employees and volunteers) of The Hannah Center while performing the work of The Hannah Center is contrary to Christian principles and is outside the scope of the duties and employment of all personnel.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

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

**\*All persons who are involved with The Hannah Center or The Hannah Center events must answer all of the following questions.**

1. Has a civil or criminal complaint ever been filed against you alleging physical or sexual abuse? Yes No  
*If yes, give a short explanation of the complaint. (Please indicate the date, nature and place of the incident leading to the complaint, where the complaint was filed and the disposition of the complaint.)*

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2. Have you ever suspended or terminated your employment or had your employment suspended or terminated for reasons relating to allegations of physical or sexual abuse? Yes No  
*If yes, give a short explanation of the allegations. (Please indicate the date, nature and place of the allegations, the disposition of the allegations and your employer at the time including your employer's name, address and telephone number.)*

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3. Have you ever been suspended and/or had any license or certificate suspended or revoked for reasons relating to allegations of physical or sexual abuse? Yes No  
*If yes, give a short explanation of the allegations. (Please indicate the date, nature and place of the allegations, the disposition of the allegations and the licensing or certificate granting agency, including the agency's name, address and telephone number.)*

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**REFERENCES**

Please list three persons who can provide character references relating to your fitness for working with young people. **These should not be family members or past or present employers.**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_

The information provided in this form is correct and to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

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

## **Volunteer Information and Confidentiality Agreement**

The Hannah Center depends upon volunteers to assist in the daily operation of the house. We truly appreciate you sharing your time and talent. We are always in need of volunteers to perform a wide variety of tasks. Your time contribution is your decision. We are thrilled to have your special expertise for as much or as little time as you have available.

The relationship between volunteers, staff and residents is of mutual respect for each person's gifts. The goal of a volunteer will be to assist The Hannah Center Staff in providing a family environment. It is our hope to provide a healthier and more hopeful life for each woman and we depend upon our volunteers to help us reach our shared goal.

### **MISSION STATEMENT**

The mission of The Hannah Center is to assist women in life crisis through compassion and guidance in a nurturing environment.

### **CORE VALUES**

- We support human life in all its forms.
- We offer a home environment that is welcoming and non-judgmental to all who enter.
- We commit to assisting women experience positive life changes.
- We embrace holistic care of a woman, taking into consideration her physical, emotional, social, familial and spiritual needs.

### **PHILOSOPHY**

Residents, visitors, staff member and our volunteers should feel welcome when entering the doors of The Hannah Center. As a volunteer, please use discretion regarding personal philosophy and/or religious beliefs. The Hannah Center exists to provide support to the residents as each explores her own path to emotional and financial independence during pregnancy and the months following birth. Many times our most important gift is sincere listening rather than dispensing advice. If you have any questions regarding this issue, please check with a staff member.

### **Confidentiality Agreement**

I, \_\_\_\_\_, hereby agree that as long as I am associated with The Hannah Center or am representing the organization in any capacity, I will adhere to all policies and procedures of the Center.

I will treat all information that I obtain on individual clients/residents of The Hannah Center as completely **confidential**, both during and after my association with The Hannah Center.

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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