



## VOLUNTEER APPLICATION/RELEASE FORM

915 N 5<sup>th</sup> St. Wausau, WI 54401

[info@thehagarhouse.org](mailto:info@thehagarhouse.org) [thehagarhouse.org](http://thehagarhouse.org)

The purpose of this application is to help ensure The Hagar House protects our residents, staff, volunteers, and the integrity of our mission. This is not an employment application. All information provided is kept confidential. If you need extra space to answer a question, feel free to add an additional sheet of paper.

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

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

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Preferred form of contact: \_\_\_\_\_

License #: \_\_\_\_\_ What state? \_\_\_\_\_

Previous cities, states and counties lived in for the last 5 years: \_\_\_\_\_

Volunteer Role you are applying for or special skills you possess that might enhance your serving at The Hagar House:

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Availability (days & times): \_\_\_\_\_

On-call availability (when you can be reached in an emergency): \_\_\_\_\_

Why do you want to volunteer with The Hagar House? \_\_\_\_\_

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Are you in agreement with the mission and vision and core values of The Hagar House (these are listed on page 3 for your reference)? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

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Are you committed to developing these core values in your own life and in the lives of others? \_\_\_\_\_

Please briefly describe how you see yourself supporting the Mission, Vision and Core Values of The Hagar House:

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**PERSONAL BACKGROUND**

Have you ever been charged, have charges pending or have you ever committed an act of neglect, physical abuse, sexual abuse? \_\_\_\_\_ If yes, please explain, include the date and disposition: \_\_\_\_\_

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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? \_\_\_\_\_ If yes, please explain, include the date and name and contact information of employer: \_\_\_\_\_

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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? \_\_\_\_\_ If yes, please indicate the date, nature of allegations, the disposition and the license or certificate granting agency: \_\_\_\_\_

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Have you ever been treated for alcohol or any other substance abuse? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Have you used illegal drugs, abused alcohol or other substances in the past year? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Have you ever been treated for a psychiatric disorder? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Are there any past or present issues (spiritual, physical, emotional, mental, social) which would hinder your ability to serve in any capacity at The Hagar House? \_\_\_\_\_

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**REFERENCES**

Please list 3 adults you have known for at least 1 year, who are not related to you, and have a definite knowledge of your character and giftedness.

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Name	Nature of Association	Phone	Email Address

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For office use ONLY: BC\_\_\_\_ CCAP\_\_\_\_ WI Reg Sex Off\_\_\_\_

# The Hagar House

The Hagar House 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 commitment 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 Hagar House Staff in providing a grace-based community of support in a family environment. It is our hope to provide resources to equip and empower single mothers and their children and we depend upon our volunteers to help us reach our shared goals.

## **MISSION, VISION, CORE VALUES**

**Mission:** Freeing single mothers from cycles of crisis through a Christ-centered community

**Vision:** Empowering single mothers – transforming generations

### **Core Values:**

Compassion – Serving one another in love and grace

Connection – We are created to be in relationship with God and with one another

Integrity – Demonstrating responsibility and accountability

Growth – Cultivating our God-given design and purpose together

Hope – Confidence in God's desire and ability to work all things for good

## **PHILOSOPHY**

Residents, visitors, staff members and our volunteers should feel welcome when entering the doors of The Hagar House. As a volunteer, please use discretion regarding personal philosophy and/or religious beliefs and dispensing advice. Many times, our most important gift is sincere listening and modeling of the characteristics we hope to impart. The Hagar House exists to provide support to the residents as each explores her own path to emotional and financial independence. If you have any questions regarding this issue, please check with a staff member.

## **VOLUNTEER PLEDGE**

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

As a volunteer for The Hagar House, my life is an example to the women and families I may be guiding; therefore, I will lead my own life according to the values which The Hagar House attempts to impart to its residents.

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

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 authorize any references listed to give The Hagar House any information (including opinions) that they may have regarding my character and suitability for work. I release from liability any person or organization which provides such information. I also recognize that various volunteer positions require background checks and I hereby authorize The Hagar House to perform a background check if necessary. Should my application be accepted, I agree to be bound by the bylaws and policies of The Hagar House and refrain from un-scriptural conduct in the performance of my activities on behalf of The Hagar House.

I affirm that I have carefully read the above release and understand the contents. I sign this release of my own volition, knowing that this is a legally binding agreement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Printed Name: \_\_\_\_\_ Other Names used: \_\_\_\_\_

**Photographs, Video and Recordings Release and Waiver**

I hereby grant permission to The Hagar House and its representatives to take photographs or videos of me and/or my children (if applicable) and to make recordings of my voice. While it is not the intention of The Hagar House to feature or identify any particular individual, The Hagar House does intend to use distant and partial images. I understand others may be able to identify me, or my children in the promotional materials. I acknowledge some events may include aerial filming via drone and I assume the risks of participating in events filmed via drone. I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy.



I further grant to the producers and their representatives the right to take, edit, reproduce, use, exhibit, display, broadcast and distribute and create promotional materials in any media now known or later developed without payment or any other considerations. I acknowledge that The Hagar House owns all rights to the images and recordings. The authorization shall continue indefinitely unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of The Hagar House and will not be returned.

I hereby hold harmless, and release The Hagar House from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators or any other persons may make while acting on my behalf or on the behalf of my estate.

I am 18 years of age or older and I am competent to contact in my own name or as the parent/guardian of the children named. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release and waiver.

Signature (if age 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_