

The WellHouse Volunteer Training Instructions:



PO Box 868, Odenville, AL 35120

All volunteers must complete the following process in order to volunteer at The WellHouse. Please note that any work done at The WellHouse requires confidentiality for the protection of our residents. We ask for the utmost confidence for all volunteer positions. The staff of The WellHouse maintains the right to deny an individual training or participation if we feel the individual is not a good fit or if deemed necessary.

Please follow the instructions below to complete the application packet:

The following must be completed **before** attending training. Paperwork should be turned in to our office no later than 10 business days before the scheduled training date.

1. Email info@the-wellhouse.org to RSVP for training.
2. Complete Volunteer Application
3. Complete Confidentiality/Release Liability Form
4. Complete Guiding Principles Form
5. Three references forms should be distributed, completed, and mailed in to The WellHouse separately from the person writing the reference.

Bring the following to training:

1. Background Check Form
2. \$25.00 cash or check made out to The WellHouse
3. Volunteer Interest Form

Please return paperwork to:

The WellHouse
Attention: Emily Grace Cole
PO Box 868
Odenville, AL 35120
emilygrace@the-wellhouse.org

Volunteer Application



PO Box 868, Odenville, AL 35120

Name:	Date:
Mailing Address:	Primary Phone: ()
City, State, & Zip Code	Alternate Phone: ()
Email Address:	Date of Birth:
Previous Volunteer Experience:	

Education

Highest Degree or Diploma Received:	Major:
Please list any special skills or hobbies:	

Spiritual Information

Name of Church Attending:	How long have you been attending?
Pastor's Name:	

Background Information

Has anyone ever brought or threatened to bring civil or criminal claims against you alleging physical or sexual abuse or sexual harassment? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been charged, arrested, or convicted of a felony or misdemeanor? <input type="checkbox"/> yes <input type="checkbox"/> no

Volunteer Trainings and Commitment

Are you willing to attend <u>ALL</u> WellHouse volunteer training sessions? <input type="checkbox"/> yes <input type="checkbox"/> no	Will you commit yourself to The WellHouse for at least 6 months after the completion of training? <input type="checkbox"/> yes <input type="checkbox"/> no
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Testimony and Christian Beliefs

Please answer the following question in short paragraph form. If needed, you may use a separate sheet of paper:

- Tell us about your beliefs and relationship with God. What are your strengths and spiritual gifts and how do you see God using them at The WellHouse?

I attest that all the information I have given is true and I agree to abide by the policies and procedures of The WellHouse. Also, by signing below, I agree that I will never discuss with anyone outside The WellHouse any information pertaining to any resident of The WellHouse, nor will I disclose the location of the physical house the residents live in as it could result in risk of their personal safety. Disclosure of the location of The WellHouse is grounds for immediate dismissal from ever being able to volunteer at The WellHouse. Regardless of my spiritual beliefs, I agree to uphold the faith-based, Christ-centered foundation The WellHouse is built upon.

Signature

Date

As a male volunteer of The WellHouse, I agree that at no time will I ever be alone with any of the residents of The WellHouse. Should I find myself alone with any resident, I am to leave the area at once.

Signature

Date

Confidentiality/Release of Liability



I, _____, acknowledge that I am voluntarily visiting, touring or participating in activities of The WellHouse, a nonprofit corporation organized and existing under the laws of the State of Alabama.

Assumption of Risk

I hereby acknowledge that the mission of The WellHouse is to provide services to victims of human trafficking and in carrying out that mission, I am aware that The WellHouse assists individuals who have been involved with activities that may be considered dangerous. I am aware that there are risks, including, but not limited to physical violence, crime and sickness, as well as similar and dissimilar risks. ***I AM AWARE THAT PARTICIPATING IN THE WELLHOUSE, INCLUDING VISITS TO ANY THE WELLHOUSE PROPERTY, MAY INVOLVE RISKS. I AM VOLUNTARILY PARTICIPATING IN THE WELLHOUSE WITH KNOWLEDGE OF THE RISKS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE THAT MAY RESULT FROM MY PARTICIPATION WITH THE WELLHOUSE ACTIVITIES.***

Confidentiality

I further understand that the circumstances surrounding each young lady in the care of The WellHouse requires that certain information about the services provided to these ladies be kept highly confidential for security purposes. I hereby agree that I will not divulge the location of any of The WellHouse safe houses, the name or identity or personal information of any The WellHouse employees, affiliates, nor residents of The WellHouse safe house to any third party that is not an approved visitor/volunteer for The WellHouse. I further agree that I will not discuss any strategic information, projects, ideas, concepts, processes, procedures, proposals, requests for proposals, marketing plans, fundraising plans, financial information or other similar information regarding The WellHouse. In the event that I should inadvertently divulge the above stated confidential information, I will immediately contact The WellHouse to report any such dissemination of information.

Release from Liability

As consideration for visiting and/or participating in The WellHouse activities, I hereby indemnify and hold harmless, and fully and forever release and discharge and covenant not to sue, The WellHouse, its successors and assigns, and its affiliates, subsidiaries, directors, officers, employees, volunteers and agents, from and against any and all claims, demands, actions, causes of action, liability, costs, damages or injury, whether known or unknown, foreseen or unforeseen, suspected or unsuspected, which arise or may hereafter arise from my visit or volunteer work with The WellHouse, including without limitation, my involvement with and participation in The WellHouse programs, participants, and other The WellHouse volunteers. I understand and acknowledge that this Release discharges The WellHouse from any liability or claim that I may have against The WellHouse with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in The WellHouse activities. It is understood that The WellHouse does not assume any responsibility for, and is under no obligation to indemnify me or provide any other remedy in the event of any claim, demand or action against me by or on behalf of any participation in The WellHouse activities, any parent or guardian of a participant in The WellHouse activities, or any organization or other entity providing services as part of The WellHouse activities or otherwise on behalf of The WellHouse, and my waiver and release described herein includes a full and complete waiver of any right or claim for any such indemnification or remedy. The WellHouse may use any photograph or film me in connection with participation in The WellHouse activities and I release them from any liability related to use, editing or duplication of such photographs or films.

Client Contributions/Promises

In the event that a volunteer feels the need to contribute, donate or give any money or personal items to a resident of The WellHouse, it must first be approved by the Administration of The WellHouse. Delivery of contributions, donations or gifts must go through the Administration office and then be dispersed to the resident.

No promises or commitments should be made to any resident without prior approval of Administrative Staff.

In case of illness or accident, permission is hereby granted for emergency treatment to be administered to me in the event that emergency treatment is necessary. I hereby release and forever discharge The WellHouse from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The WellHouse. I understand and agree that I am responsible for all medical care expenses including, without limitation, physician, hospital, lab, drug and device expenses.

Knowing and Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE WELLHOUSE AND MYSELF. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Name of Visitor/Volunteer: _____ Date: _____

Signature of Visitor/Volunteer: _____

Address/Phone number of Visitor/Volunteer: _____

City State Zip Phone () _____

Organization: _____

Guiding Principles



1. The WellHouse is faith-based and Christ-centered non-profit organization that offers housing to sexually exploited women. It is our desire to be used by God as a tool to combat, reduce, and eliminate the sin or sexual exploitation.
2. The WellHouse will seek to meet the physical, emotional, and spiritual needs of women who have been trafficked, are prostituting, or otherwise sexually exploited.
3. The WellHouse never discriminates in ministering to the women in distress because of race, religion, creed, color, national origin, age, marital status, or handicap.
4. Unless otherwise asked by The WellHouse staff no personal relationship is allowed with any of the residents.
5. The WellHouse is committed to demonstrating the love, forgiveness, and compassion of Jesus Christ through counsel, education, action, and creative services.
6. The WellHouse is committed to professional excellence and encourages all staff and volunteers to perform their duties and responsibilities in a highly professional manner, consistent with obedience to God's commands.
7. The WellHouse strives to portray an image that is professional and Christ like. Therefore, we require that all our staff and volunteers dress in a modest fashion. The following will not be allowed:
 - Clothing with offensive slogans or pictures, e.g. profanity, nude or seminude pictures, offensive gestures, or suggestive cartoons.
 - Tight or revealing shorts, shirts, or skirts.

I understand and am in agreement to the above **Guiding Principles**, and if at any time there is a change in my beliefs, I shall immediately make it known to the Director of The WellHouse.

Signature

Date

Printed Name

References



In order to become a WellHouse Volunteer, you will need to provide references from three people. Examples of these include: Pastor or leader in your church (bible study or small group leader) and two other people who have known you for two or more years who are not relatives or family members. Please give this reference page to the appropriate people for completion.

Reference pages should be mailed or emailed in to The WellHouse separately by the person completing the reference.

Thank you for taking the time to fill out this volunteer reference page for The WellHouse!

Volunteer Name (Print)

How long have you known the potential volunteer?	What is your relationship to him/her?
How would you describe this individual? <input type="checkbox"/> very dependable <input type="checkbox"/> dependable <input type="checkbox"/> somewhat dependable <input type="checkbox"/> not very dependable	
How would you describe his/her emotional and spiritual stability? <input type="checkbox"/> very stable <input type="checkbox"/> stable <input type="checkbox"/> somewhat stable <input type="checkbox"/> not very stable	
Do you feel this individual has the ability to work with women in crisis situations? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you feel this individual has the ability to keep all information confidential? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you feel this individual has the ability to share his/her faith in Christ? <input type="checkbox"/> yes <input type="checkbox"/> no	

Please describe the evidence of this person's faith in Christ and desire to minister to others (please print):

Signature

Date

Printed Name

Phone Number

Please return paperwork to:
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Do you feel this individual has the ability to keep all information confidential? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you feel this individual has the ability to share his/her faith in Christ? <input type="checkbox"/> yes <input type="checkbox"/> no	

Please describe the evidence of this person's faith in Christ and desire to minister to others (please print):

Signature _____

Date _____

Printed Name _____

Phone Number _____

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Printed Name _____

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