

Sojourner Truth Ministries House of Hope

VOLUNTEER APPLICATION

Please return to:

Sojourner Truth Ministries

501 High St

Williamsport PA 17701

Or

Pastor Angelique Labadie-Cihanowyz

Angelique4stm@gmail.com

STM House Overview:This House is planned to be a short-term, communal home for women coming out of a season of homelessness. Our mission is to provide a sanctuary of healing in a supportive, Christ-based environment of love and hope. We offer multiple support services including educational opportunities, life-skills classes, spiritual support and encouragement, counseling, employment assistance, and safe housing. The vision of this House is that the women who stay here will grow individually, spiritually, and as a community while healing from the causes of their situations and gaining the tools to become self-sufficient. We are working to change lives by:

- *providing a 6-month home environment based on a community model
- * Helping residents to live in recovery with honesty, self-sufficiency, and turning their lives to Christ
- * Providing educational opportunities
- * daily devotions and worship time

* Providing life-skills such as budgeting, conflict management, anger management, and counseling

*Fostering self-understanding through personal and spiritual growth

* encouraging opportunities to work and be gainfully employed and become economically self-sufficient.

* offering work skills

(Logo Here)

VOLUNTEER APPLICATION

Personal Information

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE _____

ALTERNATE PHONE _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE # _____

EDUCATION BACKGROUND: _____

PREVIOUS /CURRENT VOLUNTEER EXPERIENCES: _____

**Describe any trainings, experiences, classes, talents, or skills that will help you in your
volunteer role:** _____

I Agree to a background check _____ Yes _____ No

Have you ever been convicted of or pled no contest to a felony or misdemeanor?

Felony degree, if known _____ State _____ County _____ Date _____

Sentence/Fine: _____

If yes, please explain: _____

Disclaimer: Eligibility will be determined by Advisory Panel or Board of Directors regarding your charges

Why are you interested in volunteering for this mission?

Employment Information:

Name of Employer: _____

Length of employment: _____

Job Role/Title: _____

Emergency Contact Information: __Name, relationship, phone

Reference Information:

I understand that it is my responsibility to provide three references prior to the start of my volunteer services. I also understand that each of these references will be contacted by STM.

Please provide three references:

Name: _____

Email: _____ **phone #** _____

Name: _____

Email : _____ **phone #** _____

Name: _____

Email : _____ **phone #** _____

- **CONFIDENTIALITY:**

I understand that personal information, experiences, and Are confidential and not to be repeated. What i hear or learn regarding individuals while volunteering at STM House is confidential. I accept that a breach of this confidentiality may result in the termination of my volunteer services at STM House.

Sign: _____

Date: _____

Volunteer opportunities; Check all that apply:

- Mentoring**
- Tutoring**
- Driving**
- Gardening**
- Event Planning**
- Special Projects**
- Fundraising**
- Computer Skills**
- Fitness**
- Life Skills**
- Arts and Crafts**
- Health and Wellness**
- Haircuts**
- Cooking/Baking**
- Menu Planning**
- Office Tasks, i.e. mailings**
- Social Media**
- Marketing/Graphic Design**
- Bible Studies**
- Expressive or Educational Groups**
- Other- please specify** _____
- _____