Dear Prospective Volunteer,

Thank you for your interest in Shanti. Shanti provides free, confidential, one-to-one emotional support and companionship for people living with HIV/AIDS, Multiple Sclerosis, substance recovery issues, or other life-challenging illnesses.

An application to become a volunteer is attached. This application is the first step to becoming a Shanti volunteer; an orientation with Shanti staff is the second step, and the training is the third. At each step, you will learn and experience more that will help you decide whether or not volunteering with Shanti is suitable for you. You will not be asked to make a commitment, nor will Shanti commit to you, until after the training is completed.

Throughout this process we look for your ability to be open to your emotions without being overwhelmed. We look for a willingness to give and receive support, as well as an ability to incorporate and deliver clear, direct feedback. An effective volunteer is emotionally available and able to set aside agendas and judgments when with another volunteer or Shanti Partner (client).

As you consider becoming a Shanti volunteer, please think about the time involved. The thirty-hour training takes place over two weekends (during the day on Saturdays and Sundays), and the dates are: October 15th, 16th, 22nd, & 23rd, 2011. Volunteers make a one-year commitment, which includes three hours per week of client contact and one support group meeting per month with 4-6 other Shanti volunteers. Our volunteer groups meet on Monday, Tuesday, Wednesday, or Thursday evenings.

We ask trainees to pay whatever part of the $80 training fee that they can afford. We understand that some people cannot afford the full amount, in which case we invite them to attend the training supported in whole or part by Shanti's scholarship fund. Ability to pay the fee is NOT a prerequisite for attending the training. We also welcome people to make a donation to the scholarship fund if they are able.

Please feel free to call if you have any questions at (206) 787-8409 or (206) 787-8408. One of us will phone you when we receive your application. Thank you again for your interest in Shanti!

Sincerely,

Robert Lux Nika Short

Program Director Program Coordinator



**Volunteer Application**

**CONFIDENTIAL: This application and the information contained within are not to be released outside of Rosehedge/Multifaith Works without permission of the volunteer. Last updated 06/29/2011.**

Date of Application: 6/29/2011

Name: This field must be filled Date of Birth (mm/dd/yyyy):

Address:       RSVP Volunteer?

City, State, Zip      ,      ,

Home Phone: (   )    -      Work Phone: (   )    -      Okay to call at work?

Cell Phone (   )    -

Okay to mention Rosehedge/Multifaith Works when calling?

Email Address      @     .

Employer       Job/Title

Faith Community or Congregation

Membership in any Civic Organizations/Clubs     ,      ,      ,      ,      ,      

**Optional:** Gender:  Race:       Sexual Orientation:

What languages do you speak?      ,      ,      ,      ,      ,

How did you learn about RH/MFW?     

Briefly describe your motivation to become a RH/MFW Volunteer:

List any experience/training relating to grief and loss, AIDS, mental health, chemical dependency, spiritual care, listening:  
(Note: *you do not need to have previous experience to become a volunteer)*

     ,      ,      ,      ,      ,

Please indicate the days and times you are generally available to volunteer?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday  Morning  Afternoon  Evening | Tuesday  Morning  Afternoon  Evening | Wednesday  Morning  Afternoon  Evening | Thursday  Morning  Afternoon  Evening | Friday  Morning  Afternoon  Evening | Saturday  Morning  Afternoon  Evening | Sunday  Morning  Afternoon  Evening |

I hope to volunteer      hours per month.

How do you wish to volunteer with RH/MFW (Check all that apply)

|  |  |
| --- | --- |
| **Shanti One-to-One Emotional Support**  Provide one-to-one non-judgmental listening and  support to a person who is isolated and alone | **CareTeam Volunteer**  Serve on a team to provide emotional, spiritual, and  practical support to an isolated person or household. |
| **Peer Recovery Network Volunteer**  Join a CareTeam or be a Shanti volunteer to support people in the LGBT community who are recently sober  (To volunteer for this network, you must personally be in recovery from drug and/or alcohol addiction and identify as LGBTIQQ. By checking this box, you agree to permit RH/MFW to share your volunteer application with the Peer Recovery Network.) | |
| **Housing Maintenance Volunteer**  Gardening and landscaping  Facilities maintenance:  Plumbing  Painting  Electrical work  General Maintenance | **Moving/Transportation Volunteer**  Transportation of clients  Helping clients move:  Packing Boxes  Light Lifting  Heavy Lifting  I have access to a truck or van |
| **Office Volunteer** Office projects (i.e. filing, phone calls)  Mailings (stuffing and labeling envelopes) Computer projects  I am skilled with:  Graphic Design  Website Design/Upkeep  Databases  Word Processing  Handwriting/Hand addressing envelopes | **Development/Outreach Volunteer**  Special event planning and production  Soliciting individuals/corporations for donations  Reading grant proposals  Writing articles for newsletters  Tabling at health fairs, parades, concerts, etc.  Distributing information about RH/MFW  Public Speaking about RH/MFW  Donor database upkeep  Making thank you/follow up calls with donors |
| **Other:** I am interested in serving on the Board of Directors I am interested in a volunteer internship | |

Which RH/MFW volunteer training are you interested in attending?  
Note: There is a fee associated with each training. Scholarships are available.

|  |  |
| --- | --- |
| **Shanti Training – four days (for Shanti volunteers only)** | **CareTeam Training- one day (for CareTeam volunteers and Agency volunteers)** |
| Winter Summer Fall | Winter Summer Fall |
|  |  |

Please review and check the applicable boxes before signing:

*Transportation: I am willing to provide transportation to RH/MFW clients. I have a valid Washington State driver's license and auto insurance, and I am willing to provide proof upon request.*

*Photo Release*: *I hereby grant RH/MFW permission, in the furtherance of the organization and any of its activities and for other uses by RH/MFW in the promotion of RH/MFW and any of its activities, and with or without identification of me by name: (a) to photograph, take digital images of, videotape or interview me; (b) to use, publish, republish or exhibit statements from  me or referring to me; and/or (3) to use, publish, republish or exhibit my likeness in photograph(s), digital image(s) and/or video(s).  This consent applies, in perpetuity, to all of RH/MFW' publications and any and all other media, whether now known or hereafter existing, controlled by RH/MFW.*

*I hereby release and discharge RH/MFW and its employees, assigns, agents and representatives from any and all claims and demands arising out of or in connection with RH/MFW’ use of the above grant of permission regarding RH/MFW' use of my likeness or statements, including without limitation any and all claims for libel or invasion of privacy.  By signing below, I acknowledge that I will receive no compensation now or in the future for RH/MF ' use of my likeness or statements as described above. I have read the foregoing and fully understand the contents thereof.  This release shall be binding upon me, my heirs, legal representatives and assigns"*

*Hold Harmless Release: By signing this Volunteer Information document, I am affirming my desire to provide volunteer services to RH/MFW without pay (the "Volunteer Services") and I understand that RH/MFW is willing to extend this opportunity to me in exchange for a complete waiver, release and hold harmless from any and all claims that arise out of or are in way connected to my provision of Volunteer Services to RH/MFW or from any accident or incident occurring on RH/MFW’ premises, the sufficiency of which consideration is acknowledged by my signature.  Accordingly, in exchange for the opportunity to provide Volunteer Services offered by RH/MFW, I hereby release and agree to hold RH/MFW, its officers, directors, representatives, employees, residents and invitees harmless from any and all liability or claims of injury to person, property or personal rights I may sustain arising out of or in way connected to my provision of Volunteer Services to RH/MFW or from any accident or incident occurring on RH/MFW' premises.*

Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*By typing my name I agree I am providing an electronic signature*

**Please Return to: Rosehedge/Multifaith Works 115 - 16th Avenue Seattle, WA 98122   
volunteer@rosehedge.org • 206.324.1520 x236 •** [**www.rosehedge.org**](http://www.rosehedge.org)



**Shanti Program Volunteer Application Addendum**

Shanti volunteers are asked to make a one year commitment.

Are you ready and able to commit to this?\_     \_

Shanti support groups meet on weekday evenings either once or twice a month.   
Are you ready and able to commit to this?\_     \_

What has been your personal experience with grief, death, AIDS, substance abuse and illness? How have they affected you? (You do not need to have experience to become a Shanti volunteer.)

Please tell us why you want to become a Shanti volunteer. What do you hope and expect to get out of doing this work?

Our clients, staff, and volunteers are diverse. They include people of different ethnicitiesor sexual orientations, people who are active or recovering drug/alcohol users, or people who are altered by their illness. How might you be challenged by working with people who have different life experiences than your own?

We all experience emotions (joy, sadness, anger, fear, helplessness, etc.). Which of your emotions do you find the most challenging, and why?

Describe the sources of emotional support in your life and how you take care of yourself, including anything of a spiritual/religious nature.

What life changes have you recently experienced?

Is there anything else you want us to know?

Please list below two references with whom we may speak about your potential volunteer work with Shanti, preferably people with whom you have done volunteer work or professional work, not family members. If you have questions or concerns about Shanti contacting these references, please note it below.

|  |  |  |
| --- | --- | --- |
|  | REFERENCE ONE | REFERENCE TWO |
| Organization/Company |  |  |
| Type of work you did/do there |  |  |
| Dates Involved (month/year) | From \_     \_ To \_     \_ | From \_     \_ To \_     \_ |
| Contact person’s name |  |  |
| Contact person’s phone |  |  |
| Contact Person’s Title |  |  |

Thank you for the time and care you put into completing this application. One of our staff members will call you when your application is received at the Shanti office.