

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
Program Director

Nika Short
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: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Other Number (____) _____

Okay to mention Rosehedge/Multifaith Works when calling? **YES** **NO**

Okay to call at work? **YES** **NO**

Email Address: _____

Employer (If Applicable): _____ Job/Title: _____

Faith Community or Congregation (If Applicable): _____

Membership in any Civic Organizations/Clubs (If Applicable): _____

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?

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)	
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 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 over two weekends
(for Shanti volunteers only)**

Winter Summer Fall

**CareTeam Training- one Saturday
(for CareTeam volunteers and Agency volunteers)**

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. **YES** **NO**

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/MFW' 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" **YES** **NO**

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 _____



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 ethnicities or 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.