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P.O. Box 8540 Bend, OR 97708  
(541)322-8768 ext. 11 fax: (541)318-7336  
[lynn@bethleheminn.org](mailto:lynn@bethleheminn.org)

Thank you for your interest in volunteering at the Bethlehem Inn. Founded in 1999 and now operating as the largest homeless shelter in Central Oregon the Inn serves men, women and families. We offer shelter, help and hope in the form of almost 25,000 bed nights and over 67,000 meals per year in an environment of sobriety and accountability. Our staff works with residents to achieve their goals of self-sufficiency through case management and by connecting them with available services.

Volunteers are the heart of the Bethlehem Inn and are critical to its success. Imagine if staff had to cook all of these meals or man the front desk 16 hours per day. Volunteers have stepped into these roles and many more, allowing staff to do what is needed the most - helping our residents.

Residents are promised and deserve the absolute strictest confidentiality while staying at the Bethlehem Inn. We place special emphasis on guarding identities, names, and other personal information for both residents and volunteers. A volunteer's conduct should excel in commitment, confidentiality and compassion while portraying the mission of the Inn.

### **How We Operate**

The Bethlehem Inn is open 365 days a year/24 hours a day and has at least one staff member on the premises at all times. Residents without medical conditions leave the property Mon-Fri to search for jobs and housing, attend appointments and take care of business. Three meals a day are served including a bag lunch to take with them. All residents must be back on site by 5:45 pm unless other obligations such as work, meetings or church require them to be out later.

### **Volunteer Guidelines**

- Please fill out the following Volunteer Application AND sign the Liability and Photo Releases. You may drop off, fax, mail or email completed apps to the attn. of the Director of Outreach.
- Please do not take pictures or video on the premises without approval from staff and the person(s) being photographed.
- Do not discuss details or information about your personal life with residents.
- Volunteers must not enter into the role of counselor or social worker with residents.
- There can be no financial transactions between a resident and a volunteer. This would include barter, trades, loan or gifts. If you wish to contribute to a specific resident, contact staff first.
- You may not transport a resident of the Inn in your personal vehicle.
- Be aware that many of our residents are dealing with ongoing substance abuse issues. Clothing advertising alcohol or illegal drugs is prohibited.
- As a drug & alcohol-free facility, volunteers coming on-site under the influence is prohibited.
- Please dress appropriately. Sleeveless tops, tank tops, spaghetti straps, bare midriff shirts, revealing attire, short shorts, low cut tops and open toed shoes are not appropriate.
- Please refrain from using profane or suggestive language.
- If you are volunteering with a group, please designate a Team Leader.
- If you are volunteering with underage members there must be supervision at all times (1:1 ratio for children for 10 and over).
- Volunteers who anticipate arriving late or being unable to report for their scheduled shift should contact the Volunteer Coordinator or staff person on duty as soon as possible.



## INDIVIDUAL VOLUNTEER APPLICATION

Application Date: \_\_\_\_\_

Thank you for your interest in the Bethlehem Inn Volunteer Program. Your responses below will help us to match your talents and interests to our needs. Please print neatly.

PERSONAL INFORMATION				
First Name:	M. I.:	Last Name:	Date of Birth:	
Primary Phone:	Cell Phone:	Email (required*):		
Mailing Address (Street & P.O. Box)		City:	State:	Zip:
Emergency Contact Name:		Relationship:	Phone:	

\* The Bethlehem Inn uses email as its primary mode of contact for coordinating and facilitating volunteers.

VOLUNTEER SURVEY
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*(Please check all that apply)*

- I would like to volunteer as an individual
- I am volunteering as part of a group (family, church, civic, business, etc.)

Group Name/Affiliation:	Typical Group Size:
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- Short term opportunity (1-3 times)
- Long term opportunity (ongoing, monthly, etc.)
- Don't know yet

DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER (please check)				
Day of the Week	Morning (6-12)	Afternoon (12-5)	Evening (5-10)	Any
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please list any accommodations you need in order to perform your duties:

Do you have any special training you think would be helpful in volunteering? If so, please explain.

Current Status (student, retired, employed, homemaker, etc.):

Do you have any experience in volunteering or working in a non-profit setting? Any specific to poverty and homelessness? What were your experiences?

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**AREAS OF INTEREST (Please check all that apply)**

**Meal Preparation**

Offsite Meal Preparation

Note: Due to Dept. of Health Requirements, volunteers who prepare meals will be required to comply with Food Preparation Guidelines as well as supply a completed Meal Preparation Compliance form with each meal cooked.

*If you have a Food Handlers Permit, please complete the info below and submit a copy to the Inn.*

Certificate Number:	Expiration Date:
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**Other Volunteer Areas**

- Front Desk/Phones (over age 21)
- Kitchen/Pantry Management
- Administrative/Office
- Facilities/Maintenance
- Clothing Room (sort & organize)
- Special Projects/Events

- Newsletter
- Garden (seasonal)
- Fundraising/Event Coordination
- Redeemable Cans/Bottles Drive
- Food Drive
- Clothing Drive

**Donate a Skill/Service**

- General Contractor (lic.)
- Electrician (lic.)
- Plumber (lic.)
- Printing/Advertising

- Hair Cuts
- Audio/Video/Photography
- Pickup Truck/Transportation
- Other \_\_\_\_\_

**VOLUNTEERING TO FULFILL SERVICE OR CLASS HOURS?**

- No
- Yes

for School or College (Name of School: \_\_\_\_\_)

Total number of hours required: \_\_\_\_\_

for Court Mandate (Name/Type of Offense: \_\_\_\_\_)

Court Contact Info (Name & Phone: \_\_\_\_\_)

Total number of hours required: \_\_\_\_\_

**Please return this application along with the signed LIABILITY and PHOTO RELEASE FORMS to:**

Lynn Edwards  
c/o Bethlehem Inn  
P.O. Box 8540  
Bend, OR 97708

Fax: (541)318-7336  
Email: [lynn@bethleheminn.org](mailto:lynn@bethleheminn.org)  
Phone: (541)322-8768 x 11

It is the policy of the Bethlehem Inn to provide, if possible, volunteer opportunities without regard to any individual's sex, race, color, religion, national origin, pregnancy, age, marital status, sexual orientation, medical condition or disability.



Please read and sign BOTH the Participant Liability Release Form and the Photo/Image/Voice Release Form (on back) and return with your Volunteer Application. Thank you!

**PARTICIPANT LIABILITY RELEASE FORM**

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Bethlehem Inn.

I, (print name) \_\_\_\_\_, acknowledge and state the following:

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the Bethlehem Inn without prior permission from the Bethlehem Inn and residents of the Inn. This includes any reference to names, addresses, or other identifiable information.

I also understand the importance of keeping my own personal information (address, phone/cell number, family, employment, etc.) confidential while acting as a volunteer at the facility except as the staff and management of Bethlehem Inn need to know for the purpose of record keeping. I understand that it is against Bethlehem Inn policy for a volunteer to enter into any financial relationship (bartering, direct donating, loaning, trading, etc.) with any resident of the Inn while acting as a volunteer.

I have chosen to volunteer my services/time/skills to the Bethlehem Inn. I understand that this work may entail some physical labor, heavy lifting and other strenuous activity which I do at my own risk. If I decide to undertake a physical task (painting, moving, stacking) I certify that I am in good health and physically able to perform this type of work if I accept a task of this nature. Consequently, I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved as a volunteer with the Bethlehem Inn.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold the Bethlehem Inn, together with its' officers, agents, and employees, harmless from any and all causes of action arising from my participation in volunteer services to the Bethlehem Inn or any damages which may be caused by their own negligence.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of legal guardian (if participant is under 18)

\_\_\_\_\_  
Date

PLEASE CONTINUE TO THE OTHER SIDE FOR THE PHOTO/IMAGE/VOICE RELEASE FORM

## PHOTO/IMAGE/VOICE RELEASE FORM

I, \_\_\_\_\_, do hereby give Bethlehem Inn their assigns, licenses, and legal representatives the irrevocable right to use my name, picture, portrait, photograph, image, or voice in all forms and media and in all manners, including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that this releases Bethlehem Inn and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself. I am of full legal age. I have read this release and am fully familiar with its contents.

### **Participant**

Name: \_\_\_\_\_ Signed \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

### **Witness**

Name: \_\_\_\_\_ Signed \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

### **Consent for Minor**

Name of Minor(s): \_\_\_\_\_

I am the parent or legal guardian of the minor(s) named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights on the premises of the Bethlehem Inn.

### **Parent/Guardian**

Name: \_\_\_\_\_ Signed \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

### **Witness**

Name: \_\_\_\_\_ Signed \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_