



A Shelter for Hope and Healing

Volunteer Application Information

Thank you for your interest in becoming a volunteer at Terebinth Refuge!

Please take time to complete the following paperwork. The Volunteer Application is self-explanatory. **We recommend that you begin the process of applying at least two weeks before you plan to come in and volunteer, as the process can take some time.**

Thank you for your patience, as all of these steps are necessary for us to ensure the safety of our residents. You will need to provide at least two references. These can be from a current employer, your church pastor or elder, colleague, or personal friend. Both references must have known you for a minimum of two years and should not be a relative or family member. Please provide your references with the Volunteer Reference Form and instruct them to either mail or email the completed form to Terebinth Refuge.

When you are done, please mail forms (1), (2), (3), (4), and (5) to our office at the address listed below. **Form (6) is for you to keep.** We will evaluate all of your information upon receipt and, when approved, our Volunteer Coordinator will be following up with you. Please contact christina.terebinthrefuge@gmail.com if you have any questions!

Forms attached:

1. Volunteer Application
2. Mission Statement and Guiding Principles
3. References (one copy)
4. Confidentiality/Release of Liability
5. Consent to Background Check
6. DHS Fingerprinting Instructions and Privacy Notices

Terebinth Refuge
110 2nd St. S. Suite 231
Waite Park, MN 56387
office@terebinthrefuge.org
320.828.7721



A Shelter for Hope and Healing

Volunteer Application

Contact Information

Name:	Date:
Mailing Address:	Primary Phone: ()
City, State & Zip Code:	Alternate Phone: ()
Email Address:	Current employer:
Emergency Contact Name:	Relationship: Primary Phone: ()

Skills and talents

Please check the talents, skills, certificates you have that you are willing to share:

- Administrative
- Spiritual mentorship
- Wellness education (exercise, nutrition, etc)
- Recreation activities
- Independent living skills (cooking, personal finance, crafts, sewing, knitting, gardening, etc)
- Special services provider (legal, medical, animal therapy)
- Home maintenance (carpentry, plumbing, painting, etc)
- Grounds keeping (landscape, grass mowing, snow plowing, etc)
- House management support
- Fundraising event lead or support
- Transportation (to and from appointments)
- Community outreach support
- CPR
- First Aid
- Other:

Education

Highest Degree or Diploma Received:	Major:
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Personal Information

Do you have a valid driver's license with auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please tell us why you want to volunteer at Terebinth Refuge?
What do you hope to gain by volunteering at Terebinth Refuge?	Do you have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No

Background Information

Has anyone ever brought, or threatened to bring, civil criminal claims against you alleging physical or sexual abuse or sexual harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Church Affiliation (optional)

We are very grateful for all of the church members who have been helping us along our journey. So we can create awareness and recognition, we would appreciate knowing the church you attend, and who your Pastor/Priest is: Church: _____ City/St _____ Pastor/Priest: _____

Volunteer Time and Commitment

Please circle the days of the week you are available to volunteer: Sun Mon Tues Wed Thurs Fri Sat Please circle the hours you are available to work on those days: Mornings Afternoons Evenings Overnight

Miscellaneous

Are you currently volunteering, or have you ever volunteered, for any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what are the organizations?

How did you hear about Terebinth Refuge?

Name: _____ Date: _____

Thank you from Terebinth Refuge!



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VOLUNTEER REFERENCE

Volunteer Name:
(please print)

How long have you known the potential volunteer?

What is your relationship with her/him?

What do you see as the top 3-4 strengths this person has that makes her/him an exceptional candidate for volunteer work?

Terebinth Refuge is a shelter for women who have been victims of sex trafficking. What do you believe makes this person an excellent candidate to work in a place that houses women in crisis?

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Confidentiality is paramount within the Terebinth Refuge organization. Do you believe this individual has the ability to keep all information confidential?

- Yes
- No

What else would you like to tell us about this person and their ability to serve others on a volunteer basis?

Your name: _____

Signature: _____ Date: _____

Please mail or email to:
Terebinth Refuge, 110 2nd St. S, Suite 231, Waite Park, MN 56387
office@terebinthrefuge.org



MISSION STATEMENT

Terebinth Refuge is a Christ-centered nonprofit shelter and transitional home that brings hope and provides strength-based, trauma-informed and holistic services for sex trafficked and sexually exploited women, transitioning them from bondage to a life of health, stability and independence.

GUIDING PRINCIPLES

1. Terebinth Refuge will seek to meet the physical, emotional, and spiritual needs of women who have been trafficked, are prostituting, or otherwise sexually exploited.
2. Terebinth Refuge never discriminates in ministering to the women in distress because of race, religion, creed, color, national origin, age, marital status, or handicap.
3. Unless otherwise asked by Terebinth Refuge staff, no personal relationship is allowed with any of the residents.
4. Terebinth Refuge is committed to demonstrating the love, forgiveness, and compassion of Jesus Christ through counsel, education, action, and creative services.
5. Terebinth Refuge 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.
6. Terebinth Refuge strives to portray an image that is professional and Christ-like. Therefore, we require that all of 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 with the Guiding Principles. If, at any time, there is a change in my acceptance of these principles, I will make it known to the Executive Director.

Name: _____ Date: _____



CONFIDENTIALITY/RELEASE OF LIABILITY

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

ASSUMPTION OF RISK

I hereby acknowledge that the mission of Terebinth Refuge is to provide services to victims of sex trafficking and in carrying out that mission, I am aware that Terebinth Refuge 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 TEREBINTH REFUGE, MAY INVOLVE RISKS. I AM VOLUNTARILY PARTICIPATING IN TEREBINTH REFUGE 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 TEREBINTH REFUGE ACTIVITIES.

CONFIDENTIALITY

I further understand that the circumstances surrounding each young women in the care of Terebinth Refuge 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 Terebinth Refuge safe or transitional houses, the name or identity or personal information of any Terebinth Refuge employees, affiliates, nor residents of Terebinth Refuge safe house to any third party that is not an approved visitor/volunteer for Terebinth Refuge. 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 Terebinth Refuge. In the event that I should inadvertently divulge the above stated confidential information, I will immediately contact Terebinth Refuge to report any such dissemination of information.

RELEASE FROM LIABILITY

As consideration for visiting and/or participating in Terebinth Refuge activities, I hereby indemnify and hold harmless, and fully and forever release and discharge and covenant not to sue, Terebinth Refuge, 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 Terebinth Refuge, including without limitation, my involvement with and participation in Terebinth Refuge programs, participants, and other Terebinth Refuge volunteers. I understand and acknowledge that this release discharges Terebinth Refuge from any liability or claim that I may have against Terebinth Refuge with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in Terebinth Refuge activities. It is understood that Terebinth

Refuge 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 Terebinth Refuge activities, any parent or guardian of a participant in Terebinth Refuge activities, or any organization or other entity providing services as part of Terebinth Refuge activities or otherwise on behalf of Terebinth Refuge, 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 Terebinth Refuge may use any photograph or film me in connection with participation in Terebinth Refuge 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 Terebinth Refuge, it must first be approved by the Administration of Terebinth Refuge. 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 Terebinth Refuge 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 Terebinth Refuge. 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 TEREBINTH REFUGE AND MYSELF. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Your name: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if applicable) _____ Date: _____



CONSENT TO BACKGROUND CHECK

DISCLOSURE: You are NOT required to supply your Social Security Number (SSN) unless you want your background study determination to be available to another entity in the future. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study. **You will need to supply a copy of valid I.D. (drivers' license, passport, etc.) along with this form in order for our entity to be able to complete your background check.** You have the option of scanning and emailing a copy of your I.D. to our office email, mailing a scanned copy to our office mailing address, or coming to our office in person and having it scanned by office personnel. *You may use your own discretion, but, for security purposes, we do not recommend emailing a scanned copy of your I.D.*

I _____ hereby authorize Terebinth Refuge of 110 2nd Street South Ste # 231, Waite Park, MN 56387, and/or its agents to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education and employment. I hereby release Terebinth Refuge and its elected officials, employees, agents and assigns from all liability resulting from the furnishing of this information to Terebinth Refuge. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a Terebinth Refuge volunteer.

Your name: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if applicable) _____ Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION (* required field):

Social Security Number: _____ - _____ - _____ **(optional)**

Date of Birth *: _____ / _____ / _____

Please list any past or present name aliases * (including maiden names, married names, name changes, and any name you have used or been known by):

Sex *: M F Other/Unknown

Ethnicity: White/Caucasian Native American African American Asian or Pacific Islander
Other/Unknown

Hair color *: _____

Eye color *: _____

Height (in.) *: _____

Weight (lbs.) *: _____

Are you a U.S. citizen? Yes No

Place of birth * (STATE): _____

Present Address * (street, city, state, zipcode):

Is your mailing address different from your present address? * Yes No

If Yes, please supply mailing address * (street, city, state, zipcode):

Have you lived outside of Minnesota anytime within the past five years? * Yes No

If Yes, please list address(es) * (City, State, Dates of Residence in Each):



DHS Fingerprinting Instructions

1. As soon as we receive forms (1), (2), (3), (4), and (5) back from you, we will initiate your background study. Your information will be entered into the DHS website. The Administrative Assistant will send you an email with specific instructions on the procedure that DHS has for signing the Consent and Disclosure form and also making an appointment to obtain your fingerprints. Everything is done online.
2. You will have a limited time to complete the fingerprinting process. *It is your responsibility to complete your fingerprinting by the expiration date.*
3. If you are not able to complete your fingerprinting by the indicated expiration date, *please let the Administrative Assistant know*, and we will reinitiate your study.
4. You will be asked to pay a \$9.50 fee. Cash is NOT ACCEPTED. You must bring your form of ID that you provided to the Administrative Assistant at the time of completing your Volunteer Application, i.e. driver's license or passport. **Terebinth Refuge will reimburse you, if you wish.** Send a copy of your receipt to our office or office email, and you will receive a reimbursement in the mail.
5. As soon as you have completed this process, the DHS will send the Administrative Assistant notice that your Clearance Letter is available in NetStudy. The Administrative Assistant will then print it off, place in your file and notify you that the Clearance Letter has been obtained.
6. Once you are cleared by DHS, the Administrative Assistant will contact you to schedule a short orientation meeting with the Founder/Executive Director. Once that meeting takes place you are all set to volunteer!



DEPARTMENT OF HUMAN SERVICES

FINGERPRINT AND PHOTO INFORMATION FOR DHS BACKGROUND STUDY SUBJECTS

Why am I required to have a background study?

State law requires that people who will provide services to children and vulnerable adults, in certain health and human service and child care settings, have a background study completed by the Minnesota Department of Human Services (DHS).

Are fingerprints and a photograph required?

Yes. State law passed in 2014 requires background study subjects to be fingerprinted and photographed. Fingerprint-based background studies will result in faster and more accurate background study determinations.

What information do I have to provide?

You must provide your full name and any prior names, including names and aliases which you previously have been known by. You also must provide your date of birth, address, sex, eye color and hair color, height, weight, and place of birth. You do not have to provide your Social Security number (SSN) unless you want your background study determination to be available to another entity in the future. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Why do I have to provide so much personal information?

The information is required by the Minnesota Bureau of Criminal Apprehension (BCA) and the FBI to complete a fingerprint-based background study.

How will my photograph be used?

Your photo will be used to verify your identity; it stays in the DHS system. It will be available to the entity that submitted your background study request to prove that you were the person who was fingerprinted. It will also be available to entities to which you give permission to view your background study determination.

Can a background study from another agency be used in place of the DHS study?

No. Background studies completed either for or by another agency cannot be used in place of a DHS background study. DHS background studies include reviews of county and state child and vulnerable adult maltreatment determinations and Minnesota Court Information System records.

Can I submit fingerprints from another agency for my DHS background study?

No. Fingerprints recorded by any other sources cannot be used for your DHS background study. Your fingerprints and photo must be taken at a DHS authorized location. The locations are operated by Gemalto Cogent
(https://cogentid.3m.com/mn/index_MN.htm).

Is there a time limit for being fingerprinted and photographed?

You have up to 14 calendar days from the day your background study request was submitted by an entity. The deadline will be printed on the fingerprint authorization form which will be given to you by the entity that submitted your background study request.

Do I have to be fingerprinted again?

In most cases, you will only be required to be fingerprinted once if you choose to provide your SSN. Future employers will be able to view your background study determination if you give them your SSN. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Where can I find more information?

You can find more information on the DHS Background Study website by going to <http://mn.gov/dhs/background-studies/>.

You can find more information about fingerprint and photo service locations at: https://cogentid.3m.com/mn/index_MN.htm.



DEPARTMENT OF HUMAN SERVICES

BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General;
- MNSure, and;
- health-related licensing boards.

What if my disqualification is set aside?

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

Will my fingerprints be kept?

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

What information can the fingerprint and photo site view and keep?

The fingerprint and photo site can view identifying information to verify your identity. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

Who can see my photo?

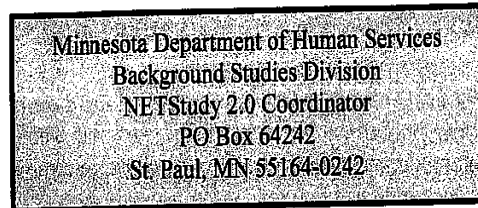
Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

What are my rights about the information you have about me?

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:



How long will DHS keep my background study information?

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct background studies?

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, 524.5-118; and 626.559 subdivision 1b.

What if I think my privacy rights have been violated?

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

