



3705 N Highway 97 Bend, OR 97701
PO Box 8540 Bend, OR 97708
541.322.8768 ext.11 Fax: 541.318.7336
lebi@bendbroadband.com

Volunteers are at the heart of the Bethlehem Inn. Founded in 1999 and now operating as the largest homeless shelter in Central Oregon, the Inn from the beginning was run solely on a volunteer basis. At first, operating in the cold winter months, the Inn floated among churches, but in 2004 found a more stable, year round residence in the County's Public Safety campus at the north end of Bend. It was there the Inn remained until the county reclaimed the space as a transition facility for released inmates. With the help of Deschutes County and the City of Bend the Bethlehem Inn was able to obtain its present facility a mile from its previous home. Without closing its door for a single day the Inn moved into the new facility, a former motel featuring smaller, more private bedrooms (3 – 6 residents per room) compared to the dormitory style shelter of the county facility.

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 identifying information.

How We Operate

The Bethlehem Inn has at least one staff member on the premises at all times. Three meals a day are served, though weekdays residents are given bag lunches to take along with them. Residents without medical conditions leave the Inn property during the day to attend appointments, search for housing and employment. Residents return 4:30-6 pm each evening unless other obligations (work, meetings, church) require them to remain out later.

The Bethlehem Inn serves single adults over the age of 18 and families, who enroll into a special program.

Volunteer Guidelines

- ✦ Please fill out the following Volunteer application (4 pages). Once completed, please drop off, fax or mail it (Attn: Lynn Edwards). Lynn will contact you within one week to set up your first scheduled volunteer time. *****All volunteer times must be prescheduled through the Lynn*****
- ✦ Confidentiality is very important, not only for the residents of the Inn but for you as a volunteer as well. Please do not discuss details or information about your personal life with the residents.
- ✦ There can be no financial transactions between a volunteer and a resident of the Inn. This would include barter, trade, loan or gifts. If you wish to contribute to a specific client you must first speak to staff.
- ✦ You may not transport a resident of the Inn in your personal vehicle.
- ✦ Be aware that many of our residents may be dealing with ongoing issues of substance abuse. Clothing advertising alcohol or illegal drugs is prohibited as well as overly revealing clothing.
- ✦ Please refrain from using profane 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 under 10, 1:2 ratio for children 10 and over).
- ✦ Please sign in upon arrival and sign out when you are finished.
- ✦ If you have questions about the operation of the Inn please feel free to let us know. If it is an emergency situation please contact the monitor on duty. If it is not an emergency, please either email Lynn at lebi@bendbroadband.com or leave her a voicemail at 541.322.8768 x11.



Name _____

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. 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.

PERSONAL INFORMATION			Date of Birth:
First Name:	Middle Initial:	Last name:	Primary Phone:
Address:		City:	Cell Phone:
		Zip:	Email (required*):
Emergency Contact, Phone # & Relationship:			Phone:

* The Bethlehem Inn uses e-mail as its primary mode of contact for coordinating & facilitating volunteers.

Please Check

- I give my permission to share my name with other agencies using volunteer labor.
- I DO NOT give my permission to share my name with other agencies using volunteer labor.

Volunteer Survey

Please circle.

Do you plan on volunteering: individually with a group

If with a group, please indicate if it is affiliated with any formal organization and the typical group size that would be volunteering. Volunteers under the age of 18 are required to have a supervisor present.

Are you looking for short term (one – three times) or longer term (once a month, etc) volunteering opportunities?

Please list any accommodations you need to perform volunteer duties:

Please list special knowledge or training you think would help in your volunteering, including proficiency in languages:

Please list any hobbies, special interests, or recreational activities you have:

Please give your current status (student, worker, retired, homemaker):

Please indicate the days and times you are available to volunteer:

Day of the Week	Morning (6-11)	Afternoon (11-5)	Evening (5-11)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Do you need to fulfill a specific requirement for service hours? ____ Yes ____ No

____ for school or college Name of school: _____

____ for court mandate Name/type of offense: _____

Court Contact Info: _____

Total number of hours required: _____

What experience do you have volunteering in a non profit setting? Any specific to poverty and homelessness? What were your experiences?

Please check all areas of interest (*these are to be considered general categories*):

Facility Assistance	Resident Interaction	Facility Improvement
<input type="checkbox"/> Inventory/Organization <input type="checkbox"/> Data entry <input type="checkbox"/> Filing/archives <input type="checkbox"/> Front Desk/Phone <input type="checkbox"/> Preparing Meals (offsite) <input type="checkbox"/> Serving Meals (onsite) <input type="checkbox"/> Inn Laundry	<input type="checkbox"/> Games <input type="checkbox"/> Crafts <input type="checkbox"/> Literacy <input type="checkbox"/> Life Skills (ex: budgeting, home maintenance) <input type="checkbox"/> Therapeutic (ex: stress mgmt, dog therapy) <input type="checkbox"/> Sport/Recreation <input type="checkbox"/> Special Event <input type="checkbox"/> Other (please write below)	<input type="checkbox"/> Painting <input type="checkbox"/> Repair List any specific building skills or trade certification you may have: <hr/> <hr/> <hr/>

PARTICIPANT LIABILITY RELEASE FORM

(Required for all volunteers)



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, ph/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, trade, etc) with any resident of the Bethlehem 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 a physical 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 service 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 either drop off your completed application:
3705 N Highway 97 Bend, OR 97701

Or mail to:
Lynn Edwards
c/o Bethlehem Inn
PO Box 8540 Bend, OR 97708

Or fax to:
541.318.7336

Thank You!