



Volunteer Application Packet

Thank you for taking the time to complete this form. Please know that your personal information will be kept confidential.

Once you have completed **all but pages 17-19**, please call Hannah's Home to schedule an appointment to complete the application process.
Ask for our Volunteer Coordinator: (561)277-9823

If you have any questions, please don't hesitate to give us a call.

General Information

Please Note: If offered employment/volunteer status, you will need a physical exam with a negative TB test, CPR/first aid Certification, and a Level II Background Clearance and Local Law Clearance Letter prior to working with children.

Date: _____

First Name: _____ Last Name: _____

Title: Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Other: _____ Gender: M ___ F ___

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred Contact: Phone ___ E-mail ___

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

In what areas are you interested in volunteering? Please check the appropriate box(es) below.

- | | |
|--|--|
| <input type="checkbox"/> Auto Maintenance | <input type="checkbox"/> Housekeeping/ Cleaning |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> IT Support |
| <input type="checkbox"/> Baby Caregiver | <input type="checkbox"/> Life Skills Classes |
| <input type="checkbox"/> Construction/Handyman | <input type="checkbox"/> Meals/Cooking/Nutrition |
| <input type="checkbox"/> Community Awareness | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Driver/Transportation | <input type="checkbox"/> One-on-One Discipleship |
| <input type="checkbox"/> Donation Pick-up | <input type="checkbox"/> Public Relations /Marketing |
| <input type="checkbox"/> Educational - Tutoring | <input type="checkbox"/> Prayer Partner |
| <input type="checkbox"/> Fundraising/Development | <input type="checkbox"/> Transition Planning Coach |
| <input type="checkbox"/> Gardening/Yard Work | |
| <input type="checkbox"/> Grant Support | Other: _____ |

Please give any additional details as to specific volunteer interests:

Please list any health or physical limitations we should be aware of:

Personal Information

At the end of the Application you will find additional information. Included are 2 Employment and 2 Personal Character Reference Forms which you will need to have completed and returned separately to: **Hannah's Home of South FL, Inc., PO Box 4512, Tequesta, FL 33469**

Please list any training, education, licensing or certifications that could help you in volunteering with Hannah's Home. Please include First Aid/CPR, Lifeguard, CPI, etc. (this is not a prerequisite for volunteer approval):

Hobbies, special interests, or talents:

Why are you interested in volunteering at Hannah's Home?

Please share what part your faith plays in your life:

Are you attending church: Yes _____ No _____ If yes, please share where and how often: _____

Have you ever been charged or arrested for a crime excluding minor traffic violations?

_____ If yes, please explain:

Previous Volunteer Experience

Please tell us about your previous volunteer experiences:

Last Organization you volunteered for: _____

Description of your assignment: _____

Are you still there? (If no, please tell us why): _____

Previous Organization: _____

Description of your assignment: _____

Are you still there? (If no, please tell us why): _____

_____ As a volunteer for Hannah's Home of South Florida, Inc., I understand that I will not reveal any confidential information learned or obtained while fulfilling agreed functions. I also agree to represent Hannah's Home of South Florida, Inc., with the highest degree of integrity, professionalism, and honesty at all times.

EMPLOYMENT DATA:

Please attach a current copy of your resume. (Not required if not available)

Please give accurate and complete full time and part time employment records. Start with your present or most recent employer.

Company Name: _____ **Phone:** _____

Address: _____

Supervisor: _____

Dates of Employment: Start: _____ **End:** _____

Salary: Start _____ **End** _____

Job Title and Describe Your

Work: _____

Company Name: _____ **Phone:** _____

Address: _____

Supervisor: _____

Dates of Employment: Start: _____ **End:** _____

Salary: Start _____ **End** _____

Job Title and Describe Your Work: _____

Company Name: _____ **Phone:** _____

Address: _____

Supervisor: _____

Dates of Employment: Start: _____ **End:** _____

Salary: Start _____ **End** _____

Job Title and Describe Your Work: _____

Company Name: _____ **Phone:** _____

Address: _____

Supervisor: _____

Dates of Employment: Start: _____ **End:** _____

Salary: Start _____ **End** _____

Job Title and Describe Your Work: _____

Have you been discharged from any of the above positions? YES _____ **NO** _____

If yes, please explain:

EDUCATION AND TRAINING:

Last School Attended: _____ **from:** _____ **to:** _____

Diploma (s) and/or Degrees Received:

If you attended College, what was your major? _____

Year you graduated college: _____ **List honors received:** _____

Describe any special training, gifts, or talents you have: _____

List special interests or hobbies:

State any additional information that you consider helpful in us considering your application:

Do you give consent to verify your references? ___ Yes ___ No

Signature: _____

REFERENCES

Please list references below: Provide a minimum of two personal references and two professional references.

EMPLOYMENT REFERENCE

Employer Reference:

Title/Position: _____ Phone: _____

Employer Reference:

Title/Position: _____ Phone: _____

Employer Reference:

Title/Position: _____ Phone: _____

Employer Reference:

Title/Position: _____ Phone: _____

PERSONAL/CHARACTER REFERENCE

Personal Reference/Character Reference:

How do you know this person/relationship: _____ Phone: _____

Personal Reference/Character Reference:

How do you know this person/relationship: _____ Phone: _____

Personal Reference/Character Reference:

How do you know this person/relationship: _____ Phone: _____

EMPLOYER REFERENCE VERIFICATION

Name of Applicant: _____

Job Title Considered For: _____

Individual Completing Form: _____
(Print and Sign Name)

Date _____

Organization/Business Contacted: _____

Person Contacted: _____ Title: _____

Telephone Number: _____

1. This applicant gave your name as a former employer and stated that the dates of employment were:

From: _____ To: _____ Verified: Yes No

2. Were you the applicant's immediate supervisor? _____ Yes _____ No

If no, please give your working relationship: _____

3. Applicant states he/she was employed as: _____

Please verify: _____ Yes _____ No

4. What were the major duties performed? _____

5. Was the applicant's work performance satisfactory? _____ Yes _____ No

Please explain: _____

6. Has the employee ever received any disciplinary action? If yes, what was the nature of the offense and what action was taken? _____

7. Why did this person leave your organization? _____

8. Would you rehire this person? YES NO

9. Are you aware of any information that might negatively affect this individual's suitability for employment in a position caring for children? If yes, please explain: _____

10. Are there any other comments you wish to make about the individual's work performance? _____

EMPLOYER REFERENCE VERIFICATION

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Job Title Considered For: _____

Individual Completing Form: _____
(Print and Sign Name)

Date _____

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Telephone Number: _____

1. This applicant gave your name as a former employer and stated that the dates of employment were:

From: _____ To: _____ Verified: Yes No

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If no, please give your working relationship: _____

3. Applicant states he/she was employed as: _____

Please verify: _____ Yes _____ No

4. What were the major duties performed? _____

5. Was the applicant's work performance satisfactory? _____ Yes _____ No

Please explain: _____

6. Has the employee ever received any disciplinary action? If yes, what was the nature of the offense and what action was taken? _____

7. Why did this person leave your organization? _____

8. Would you rehire this person? YES NO

9. Are you aware of any information that might negatively affect this individual's suitability for employment in a position caring for children? If yes, please explain: _____

10. Are there any other comments you wish to make about the individual's work performance? _____

PERSONAL CHARACTER REFERENCE FORM

Applicant's Name _____

Applicant's Address _____

As required by Chapter 85-54, Laws of Florida, reference checks must be completed for the above applicant to be employed as a caretaker of children at Hannah's Home of South Florida, Inc.

Your name has been given as a personal reference. Please answer the following questions, sign and date this form and return it to Hannah's Home. Thank you.

1. How long and in what capacity have you known the above applicant?

2. To your knowledge, has the applicant ever been convicted of a crime? If yes, explain.

3. Do you think this person is qualified to work in a facility/home or to care for children? Why or why not?

4. Would you consider placing the responsibilities of a child or relative of yours with the applicant?

5. Additional comments:

Signature: _____ Date: _____

Print Name _____

Address _____

Phone # _____

PERSONAL CHARACTER REFERENCE FORM

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5. Additional comments:

Signature: _____ Date: _____

Print Name _____

Address _____

Phone # _____

Confidentiality Statement

AFFIRMATION AND RELEASE

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Hannah's Home to check my references. I understand that the information requested in this application will be used only for the purposes of determining suitability as a Hannah's Home of South Florida, Inc. Volunteer.

STATEMENT OF CONFIDENTIALITY

Employees/Volunteers of Hannah's Home of South Florida, Inc. are expected to conduct themselves in a moral, ethical, lawful, professional, responsible and safe manner. During your term of employment and/or service, you may have access to information identified by Hannah's Home as having a confidential, proprietary or secret nature. It is your duty to protect such information including, but not limited to, the following:

- The identity of residents at Hannah's Home
- Personal resident information learned through conferences, visits or other activity at the Home
- Any personal information shared by a resident with you
- Medical information involving employees or residents

You are not to divulge directly or indirectly any confidential information except as required in the course of Hannah's Home business and/or the sole interest of Hannah's Home, both during your term of employment and/or service and thereafter.

If Hannah's Home of South Florida, Inc. has any reason to believe that a current or former employee/volunteer has divulged any confidential information, has put some information to use not authorized by Hannah's Home, or has taken any other actions which have the potential for divulging such information and are thus detrimental to Hannah's Homes interests, Hannah's Home of South Florida, Inc. will take appropriate action. This may include disciplinary measures, up to and including discharge. In addition, Hannah's Home of South Florida, Inc. may take legal action to recover for any damages suffered by Hannah's Home of South Florida, Inc. as a result of any current or former employee's/volunteer's violation of this policy, which could result in the imposition of personal liability upon that person.

By your signature below, you indicate you have read this Confidentiality Agreement, and you understand and agree to abide by its terms in their entirety.

HANNAH'S HOME AGREEMENT

1. I have carefully read the Statement of Confidentiality and agree to follow the guidelines.
2. I understand that possible grounds for dismissal as a volunteer with Hannah's Home may include, but not limited to the following: failure to maintain confidentiality, gross misconduct or insubordination, being under the influence of alcohol or drugs, theft of property or misuse of agency equipment or materials, abuse or mistreatment of clients or co-workers, failure to abide by agency policies and procedures, failure to meet physical or mental standards of performance, and failure to satisfactorily perform assigned duties.

NAME OF VOLUNTEER (please print)

SIGNATURE OF VOLUNTEER

DATE



EMPLOYEE MEDICAL EXAM FORM

Employee Name _____ Date _____

Ministry Name _____

Medical Facility _____ Phone Number _____

Physician's Name _____

Exam for:	Normal	Abnormal	Comments
Heart Rate			
Blood Pressure			
Respiration			
Eyes			
Nose			
Throat			
Ears			
Abdomen			
Skin			
Lungs			
Glands			
Teeth			
TB Test			RESULTS

Based on the results of this exam, I verify that the patient named above suffers from no communicable diseases, specific illnesses or disabilities which would interfere with their ability to work with or care for children.

Limitations for Child Care: Yes / No If Yes, List: _____

TB Test has been ordered Date: _____

 Physician Signature Date



(This affidavit must be notarized prior to submission.)

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida County of _____

Before me this day personally appeared _____ who,
(Applicant's/Employee's Name)

being duly sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child

- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn quick child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 Video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense

Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS
In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes

Section 831.09 uttering forged bank bills, checks, drafts, or promissory notes
 Section 831.30 fraud in obtaining medicinal drugs
 Section 831.31 the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines!

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

 SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

Affiant personally known to notary **OR** Affiant produced identification
 Type of identification produced: _____

DCF Live Scan Background Screening

Hannah's Home must comply with Florida's Department of Children and Families which requires a Level 2 background screening for all our employees and volunteers. When you have completed the Volunteer Application, please **call us to schedule an appointment with Cathy who will assist you with the online registration process.**

Fingerprinting:

When we have completed your screening registration, you will be able to select the most convenient location and time to be fingerprinted.

Once your appointment is made, we will enter your payment information. Payment **MUST** be made online at the time of registering for your fingerprinting in order for your appointment to be completed as scheduled.

A Local Background Check:

You must go to the local police department where you reside and request a local criminal records search. A form is included in this application (see next page) which the police may, or may not, use. They often complete their own form, which is fine.

Be sure to take personal identification (Driver's License, State ID, etc.) to the police station.

CONSENT FOR BACKGROUND SCREENING

Ministry: **HANNAH'S HOME OF SOUTH FLORIDA, INC.**

I, _____,

Give my consent for a Level II Background screening and Local Law Enforcement Check.

Signature

Date



P.O. Box 4512
Tequesta, FL 33469

(561) 277-9823
(561) 277-9826 fax
www.hannahshomesf.org

[**INSTRUCTIONS:** Take this form to the local police station *in the city where you live*. They may either complete this document or provide one of their own. Return the completed form to Hannah's Home.]

LOCAL BACKGROUND CHECK FORM

Dear Law Enforcement Authority,

Pursuant to Chapter 435, F.S. - Hannah's Home of South Florida requests a local records check on the applicant listed below:

_____ (Last Name)
_____ (First Name) _____ (Middle Name)

_____ Date of Birth
_____ Social Security Number _____ Race _____ Sex

Please document the findings on this check and return the information to the P.O. address at the top of this form.

Sincerely,

Beth Fike, PHR, MS
Executive Director
Hannah's Home of South Florida

Volunteer Opportunities for Hannah's Home of South Florida

Thank you for your interest in volunteering at Hannah's Home of South Florida! We have a wide variety of volunteer opportunities at our facility. We pray that you will be able to bless us with your time as God leads you. We also pray that through your volunteer work at Hannah's Home, you will also be blessed to see how God uses you.

Childcare

While the girls are in class, at their job or at a doctor appointment, our baby-care volunteers have a wonderful time taking care of the babies – rocking, changing diapers, holding and feeding them, and making sure that they are happy and comfortable. *Experienced* babysitters are mainly needed Monday – Friday, 9:00 a.m. – 5:00 p.m.; but occasionally evening and weekend helpers are also needed.

Handyman

As we near the completion of our new day care center, additional resident rooms and houseparent suite, we need extra hands on deck to finish the interior jobs; and we truly need year-round, experienced “fix-it” men are willing to work on various projects around our facility. Work can be scheduled Monday – Saturday based upon volunteer's availability. This is a real need!

Cleaning Service

Although the residents are assigned chores while living at Hannah's Home, they often cannot complete them because of a high-risk pregnancy or being on maternity leave. Additionally, it is wonderful when someone is able to give them a break from their chores; they work very hard as single mothers. We also need help keeping the front offices clean. Volunteers in this position help us by sweeping, moping, cleaning the kitchen or bathrooms, dusting, and various other activities. Cleaning can be done Monday – Saturday.

Public Relations/Development/Marketing

Hannah's Home needs volunteers who have experience working in the public relations field. We need people who are skilled in social media networking and development, and those with experience in graphic design, to assist us with promotional materials and communication. “Ambassadors” for Hannah's Home.

Life Skills Teachers

We have several life skills curricula for classes that only need a facilitator to present the information! This includes Christ-centered character building classes, health and nutrition training, and finance and budget instruction. If you have expertise in any of these areas and would like to share with the girls at Hannah's Home, we would welcome the opportunity to talk with you about your ideas. Classes can be scheduled Monday – Friday, both daytime and evening.

IT Support

We have a number of office and residents' computers that need IT savvy people experienced with trouble shooting skills on PCs and lap tops. We also need someone who can monitor our computers for potential virus and spyware issues to ensure that we are fully protected.

Drivers

Drivers are needed to take the girls to doctor and various other appointments. We have a vehicle here that you can use or you are welcome to drive your own car. Drivers are needed Monday – Friday and times vary.

Administrative

Hannah's Home needs people who are skilled in the administrative field – those who have computer skills, are willing to do filing and who are cheerful and efficient in answering the phones. We can use office assistance with specific projects. Office hours are Monday – Friday from 9:00 a.m. to 4:30 p.m.

Tutors

There are residents at Hannah's Home that need some assistance with preparing to take the ACT or GED test in order to earn their high school diploma. They could use help studying for the different subjects – Language Arts, Science, History and Math. Tutoring can be scheduled Monday – Friday, both daytime and evening.

Gardening/Yard Work

If you love working outside, this will be a great job for you! We need help keeping up the exterior of the home. This would include planting flowers, pruning trees and bushes, pulling weeds and watering the plants. Yard work can be scheduled based upon the volunteer's availability. As you know, living in S. Florida, this is an unending task. It is encouraging to the mothers to enjoy a beautiful walk around the grounds here.

Auto Maintenance

We really need a few volunteers to keep up the maintenance on our two vehicles. This includes checking fluid levels, tire pressure, and washing and vacuuming regularly. Maintenance can be scheduled based upon the volunteer's availability.

Special Events

There are special events throughout the year that need a team of volunteers in several interest areas to help us create the most effective experience for the participants. An early spring Golf Classic, our annual Fall Pumpkin Patch and other events are on the agenda. We need help with each event.

Pre and Post-Hurricane Support

In the event of an approaching hurricane, we need volunteers to assist us in preparing the Home (exterior and interior) for the storm, in transporting the mother(s) to St. Mary's Hospital or a local shelter, and/or in cleaning up around the property and inside the Home after the hurricane.

Please contact Hannah's Home if you are interested in any of these opportunities or if you have another idea of how you can help this ministry. We are grateful of your support of the mothers and babies of Hannah's Home! Address your email to "Volunteer Coordinator" in the Subject line.