THE PEOPLE OF HOPE

ALL UNDER ONE ROOF LLC

MEMBERSHIP PACKET

Black • White • Gold

WELCOME TO THE PEOPLE OF HOPE

A community committed to building hope, supporting those in need, strengthening families, and restoring communities.

MONTHLY MEMBERSHIP FEE: $20

Board & Leadership

Name	Title / Role
Shane Brown	President
Nichrien Smith	Operations Director
Amber Haden	Programs Director
Chris Davis	Secretary
Alicia Collins	Treasurer

ONE TEAM. ONE MISSION. ONE HOPE.

THE PEOPLE OF HOPE

MEMBERSHIP APPLICATION

Member Information

Full Name	Click or type here
Email Address	Click or type here
Contact Number	Click or type here
Social Media Handle(s)	Click or type here
State	Select State

Interests

- ☐ Community outreach / feeding the unhoused
- ☐ Safe housing / recovery support
- ☐ Family and community restoration
- ☐ Fundraising / donor engagement
- ☐ Events and hospitality
- ☐ Communications / social media
- ☐ Administration / operations
- ☐ Faith-based encouragement / prayer support
- ☐ Other: _____

Volunteering For

- ☐ People of Hope outreach initiatives
- ☐ All Under One Roof programs
- ☐ Safe Haven
- ☐ Amber's House
- ☐ Nichrien's House / related recovery initiatives
- ☐ Special events
- ☐ Fundraising campaigns
- ☐ Administrative / virtual support
- ☐ Wherever needed most

MONTHLY MEMBERSHIP FEE	**$20 / MONTH**

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MEMBERSHIP REGULATIONS & EXPECTATIONS

Membership Regulations

1. Mission Alignment: Members agree to support the mission, programs, and community-centered work of The People of Hope and All Under One Roof LLC.

2. Respect & Conduct: Members will treat participants, volunteers, donors, partners, leadership, and the public with dignity, professionalism, compassion, and respect.

3. Non-Discrimination: Membership participation and service should be carried out without unlawful discrimination, harassment, intimidation, or retaliation.

4. Confidentiality & Privacy: Members must protect confidential or sensitive information learned through service, including personal information concerning individuals and families receiving assistance.

5. Representation: Members may not make commitments, contracts, public statements, fundraising representations, or financial obligations on behalf of the organization unless specifically authorized.

6. Social Media & Communications: Members should represent the mission accurately and respectfully. Photos, stories, names, or identifying information concerning program participants should not be posted without appropriate permission.

7. Safety & Volunteer Requirements: Members agree to follow applicable safety procedures, event instructions, volunteer guidelines, and any screening or training requirements associated with a specific assignment.

8. Financial Integrity: Membership dues, donations, fundraising proceeds, and organizational resources must be handled only through approved channels and for authorized purposes.

9. Participation: Members are encouraged to remain active through meetings, service projects, outreach, committees, fundraising, or other mission-aligned activities.

10. Monthly Membership Fee: Membership dues are $20 per month. Payment supports organizational activities and does not create ownership, employment, or entitlement to organizational funds.

11. Discipline or Termination: Membership may be suspended or terminated for conduct that materially conflicts with the mission, safety requirements, financial integrity, confidentiality obligations, or adopted organizational policies, subject to governing documents and applicable law.

12. Policy Updates: The organization may adopt or revise membership policies as programs and legal requirements evolve. Members will be informed of material changes.

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MEMBERSHIP AGREEMENT & SIGNATURE

Member Commitment

By signing below, I affirm that the information I provided is accurate to the best of my knowledge. I have reviewed the membership regulations in this packet and agree to conduct myself in a manner consistent with the mission, values, policies, safety expectations, confidentiality standards, and financial integrity requirements of The People of Hope and All Under One Roof LLC.

Member Name	_____
Signature	_____
Date	_____
Monthly Membership Fee	$20 per month
First Payment Received	☐ Yes ☐ No Amount: $_____
Received / Approved By	_____

Office Use

Membership Start Date	_____
Membership Status	☐ Active ☐ Pending ☐ Inactive
Volunteer Team / Committee	_____
Notes	_____ _____

BUILDING HOPE • CHANGING LIVES • RESTORING COMMUNITIES