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| **House of Hope Minnesota*** **Name of Agency/Organization::** House of Hope Minnesota
* **Street Address::** PO Box 26
* **City::** Marshall
* **State::** Minnesota
* **Zip Code::** 56258
* **Phone Number::** 507-537-4525
* **Fax Number::** 507-929-4673
* **Website Address::** <http://www.houseofhopeminnesota.org/>
* **Mission of Agency/Organization::** To provide a Christian home that is a refuge for hurting teens which will bring healing to their lives and restore their families.
* **Problem/Issue Addressed :** Dropout Prevention, Education, Health/Wellness Promotion, Mental Health Promotion, Tutoring/Mentoring
* **If you checked other, please provide a brief description::**
* **Group/Population Served (Please check ALL that apply.):** At-Risk Youth, Child Well-being, Parents/Families
* **If you checked other, please provide a brief description::**

**Contact Person for Volunteer Opportunities*** **Contact Name::** Melissa Bruns
* **Email Address::** melissabruns11@gmail.com
* **Phone Number::** 507-537-4525

**Volunteer Opportunity Specifics*** **Duration::** Weekly to onetime events
* **Please list special requirement/skills for volunteers:** Fill out Volunteer Form online: http://www.houseofhopeminnesota.org/index\_page0014.htm
* **Please describe the volunteer opportunity in detail:** Group or Individual: House and grounds maintenance, Mentoring the girls, Tutoring, Special Projects, Worship, etc.
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