



Volunteer Application

Name: _____ Birth Date: _____ M F
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Cell Home Work (check one)
 E-Mail: _____ Occupation: _____

Marital Status: Single: Married: Divorced: (check one)

Volunteer Areas: Check Positions of Greatest Interest:

- Bible Study Teacher/Program Class Facilitator-Teacher or Assistant
- Booth Display — set up display table, give information about HL services
- Court Aide/Advocate (accompany client to court/PO appointments)
- Driver
- Events — Annual Banquet, Etc.— attend planning meetings and communicate information to others (friends, local church); assist in fundraising activities
- House Assistant— assist staff and volunteers in a variety of tasks and fill in for House Mom/Mgr. in their absence (2-3 hours weekly spent in home with miscellaneous assigned duties). Occasional overnight/extended hours will need coverage from time to time.
- Life Skills Teacher (teaching basic household operations, finances, etc.)
- Medical (help keep medical/dental info updated)
- Mentor (2-4 hours weekly) --provide support, guidance and encouragement
- Prayer Partner — receive prayer requests and updates through e-mail/text
- Other not listed _____

Weekly Shifts: Client Services

Volunteer Shifts (please select convenient times for you)

Day of the week <small>(Sun/Mon/Tues/Weds/Thurs/Fri/Sat)</small>	Morning 9-12 noon	Afternoon 1-3 pm	Evening 4-8 pm

On call as needed? Yes No

NOTE: Other hours available/preferable: _____

Please Tell Us About Yourself:

Previous volunteer experience: _____

Educational Degrees/ Certifications: (These are not required to volunteer)

Do you consider yourself to be a Christian? **Y** **N**

How long have you been a Christian? _____ What is a Christian (in your words)?

Where do you attend church? _____

Pastor's Name: _____

(can we contact your pastor?) **Y** **N** (check one)

Address/ City _____ Phone: _____

Briefly state why you are interested in volunteering:

Volunteer Confidentiality Agreement

1. As a staff volunteer member offer Hope Landing Recovery Program, I hereby agree to maintain the confidentiality policy of HL clients with whom I come in contact either by phone or in person. I understand that this confidentiality extends to the female client as well as to any significant other who comes to Hope Landing in person or is mentioned on the phone or in the counseling room (i.e. parents, boyfriend, friend)
2. I will shred any notes, phone notes, etc. (**after** completing my progress report after contact) that have client names and will replace client files in the file cabinet before the end of my shift.
3. I will not leave the HL with any client identifiers (i.e. client files, pictures, phone messages, phone numbers, etc.) without written permission from the client **and** the House Leadership Team.
4. I will not give my personal phone numbers to clients or make and/or receive phone calls from clients outside of the center, including use of my cell phone by client unless I have House Leadership Team approval.
5. I will discuss client information with others outside the center only in general terms, never mentioning names or identifying information, and only to the extent that it is necessary for me to receive prayer support, educate others on the work of the center or to praise God for what he is doing in me, my clients or others at the center.
6. I understand that the law recognizes several special circumstances when confidentiality must be broken. These may include situations that involve child abuse or neglect (including rape), runaway minors, suicide threats by clients, a serious and imminent threat of harm to a third person, and situations in which Hope Landing receives a valid legal subpoena or court order compelling the disclosure of client information. If a situation comes to my attention that I believe might warrant breaking confidentiality, I will immediately notify the House Leadership Team Leader who will make the final decision as to whether confidentiality should be broken and be responsible for notifying the proper authorities. Hope Landing Team Leadership **always** has access to confidential information.

I understand that any breach of client confidentiality as described herein is subject to immediate termination from my staff/volunteer position with the HL.

Signature: _____ Date: _____

Statement of Faith:

1. We believe the Bible to be the inspired, infallible, authoritative Word of God.
2. We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory.
4. We believe that for the salvation of the lost and sinful humanity, regeneration by the Holy Spirit is absolutely essential and this salvation is received through faith in Jesus Christ as Savior and Lord.
5. We believe in the present ministry of the Holy Spirit by who's indwelling the Christian is enabled to live a godly life and to perform good works.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Signature: _____ Date: _____

Statement of Principle:

1. Hope Landing is an outreach ministry of Jesus Christ through His church. Therefore, HL, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women both in word and in deed. Fitting with this purpose, those who labor as CBF board members, Hope Landing Leadership and volunteers are expected to know Christ as their Savior and Lord.
 2. HL does not discriminate in providing services because of race, creed, color, national origin, age* or marital status of its clients. (*Hope Landing **does not** take minors but that is a legal not a discriminatory decision.)
- Regular participation in a local church is expected as well as willingness to subscribe to the Statement of Faith and Commitment of Care and Competence.
 - Volunteers are also asked to sign a pledge that they will live a lifestyle of sexual purity in accordance with biblical principles.

Signature: _____ Date: _____

Statement of Lifestyle:

We at the Hope Landing Woman’s Recovery Program are involved in a very special ministry. Because we are dealing with issues typically involving sexuality, we need to remember that we, as Christians, are held accountable for our lifestyle. For this reason, we (The Board of Directors and Executive Director of CBF) ask that each employed, and volunteer staff member follow Biblical principles in their relationships.

1. We believe in the sacredness of marriage between one man and one woman; this encompasses fidelity and monogamy within a heterosexual marriage relationship (Genesis 2:18-24, I Corinthians 7:2-9, Ephesians 5:22-33, Colossians 3:18-19).
2. For those who are unmarried according to the above standard, we believe in adherence to a chaste lifestyle; that according to Biblical principles, those who are unmarried are to abstain from sexual relationships (Genesis 39:6-14, I Corinthians 6:18-20, I Thessalonians 4:3-8).

I agree with the above statement and sign without reservation.

Volunteer Signature: _____ Date: _____

Commitment of Care & Competence:

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client information is held in strict and absolute confidence amongst the Leadership Team of Hope Landing. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
5. All our advertising and communications are truthful and honest and accurately describe the services we offer.
6. We provide a safe environment by screening all volunteers and staff interacting with clients.
7. We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
8. All our staff, board members, and volunteers receive appropriate training to uphold these standards.

Signature: _____ Date: _____

Drug Testing Release (Staff/Volunteer)

Hope Landing Women’s Recovery Leadership shall have the right to require any staff member or volunteer to submit to testing for drug and/or alcohol use as a continuing condition of service as the ministry deems necessary to the safe and efficient operation of the program. Any staff person or volunteer who refuses to submit to drug and/or alcohol testing or who tests positive may be suspended from duty pending further investigation and may be subject to discipline, up to and including immediate discharge.

Signature: _____ Date: _____

Staff/ Board member Signature: _____ Date: _____

NOTE: Please contact me when you finish filling this out. I’d like to meet with you.

Thanks, Margaret Kirk
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Margaretkirk27@gmail.com
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Hartville MO 65667