



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	Okay to Text? Yes No
Work Phone	
E-Mail Address	
Birthdate	

Availability

During which days are you available to volunteer?

- Monday Thursday
 Tuesday Friday
 Wednesday Saturday

During what times are you available?

- 9am-1pm
 1pm-5pm
 Other

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Scholarship Mentor |
| <input type="checkbox"/> Resale | <input type="checkbox"/> Kidz Dayz |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> Care Team (prayer partner) |
| <input type="checkbox"/> Fundraising/Special Events | <input type="checkbox"/> Medical Team (Medical/Dental) |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Harvey Relief |
| <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Maintenance (cleaning, yard work) |
| <input type="checkbox"/> Communications (social media, newsletters, etc) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Teaching (GED, ASVAB) | |

Are you a current client of LCM? Yes No

Church Attending: _____ City: _____

Name of Pastor: _____

Are you a member? Yes No

Do you have any criminal history? Yes No If yes, please explain:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

Volunteer Waiver and Release: In consideration for being permitted to volunteer for Lighthouse Christian Ministries, I do hereby release, waive, discharge, and hold harmless Lighthouse Christian Ministries, its employees, and the Board of Directors, resulting from or related to any injury or loss that may occur. The volunteer acknowledges, in using their own vehicle, their insurance carrier is solely responsible for their insurance coverage and for any and all claims arising from any activity under this agreement. The volunteer

LCM's Confidentiality Statement: While serving at LCM, I agree that I will represent LCM in my actions and deeds. I will hold confidential, all communications, observations and information made by between or about clients. This includes all client service and administrative records, computer records, including any and all logs/records resulting from telephone contacts or any other work product of staff or volunteers related to recipients of service. I hereby agree that I am bound by this confidentiality upon leaving my services as a volunteer for LCM and there ever after.

My signature below verifies I have read and understand the Waiver and Confidentiality Agreement and, all the information I have provided on this application is true. I am providing Lighthouse Christian Ministries my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer/employment assignment with this Organization.

Name (printed)	
Signature	
Date	

Our Vision "Thriving Neighbors & Neighborhoods"

Our Mission "Building Relationships through Service to Shine Christ's Love and Hope in our Community."

Our Values Christ's Love, Encouraging Relationship, Gospel Hope