

# VOLUNTEER FACILITATOR APPLICATION



## The Lighthouse for New Hope

P.O. Box 851030  
Mesquite, TX. 75185-1030  
972-226-3110

### ALL INFORMATION CONFIDENTIAL

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer address: \_\_\_\_\_ Supervisor \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Are you 19 yrs. old or older? Yes No (To be a volunteer facilitator you must be at least 19 yrs. old)

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Constant Contact \_\_\_\_\_

Background check: \_\_\_\_\_

Date Trained: \_\_\_\_\_

References: \_\_\_\_\_

Date Started Volunteering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT PERSON

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_ Phone \_\_\_\_\_

### REFERENCES

List below three persons you are not related to as references.

Name \_\_\_\_\_ How long have you known? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Night time phone # \_\_\_\_\_

Name \_\_\_\_\_ How Long have you known? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Night time phone # \_\_\_\_\_

Name \_\_\_\_\_ How long have you known? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Night time phone # \_\_\_\_\_

**TYPES OF LOSSES YOU HAVE EXPERIENCED**

Death Loss How Long Ago? \_\_\_\_\_ Your Relationship to the Person who Died? \_\_\_\_\_

Death Loss How Long Ago? \_\_\_\_\_ Your Relationship to the Person who Died? \_\_\_\_\_

Parents Divorced How old were you when divorce occurred? \_\_\_\_\_

Divorced How Long Ago? \_\_\_\_\_ Number of Children from this marriage \_\_\_\_\_

Adopted How old were you? \_\_\_\_\_

Other Loss (What was the loss?) \_\_\_\_\_ How long ago? \_\_\_\_\_

Other Loss (What was the loss?) \_\_\_\_\_ How long ago? \_\_\_\_\_

No losses

**MEDICAL INFORMATION**

Are you currently or ever being treated for any of the below medical conditions?

Diabetes  Asthma  Alcohol or Drug use  Seizures  Depression  Mental illness

Are you taking any medications? \_\_\_\_\_ If so what? \_\_\_\_\_

**VOLUNTEER EXPERIENCES**

List below the organizations you have volunteered for and the activities you volunteered doing.  
(include any church volunteer work)

Organization \_\_\_\_\_ Volunteered for how long? \_\_\_\_\_

Activities you volunteered doing \_\_\_\_\_

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Activities you volunteered doing \_\_\_\_\_

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Organization \_\_\_\_\_ Volunteered for how long? \_\_\_\_\_

Activities you volunteered doing \_\_\_\_\_

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# VOLUNTEER FACILITATOR APPLICATION

NAME \_\_\_\_\_

**Why would you like to be a volunteer facilitator at the Lighthouse for New Hope?**


**Have you ever volunteered working with children? If yes, tell us about those experiences and how they effected you personally.**


**List any special training or certification you have.**

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**Of these are there any that would be especially beneficial to the Lighthouse for New Hope? Explain.**


**At the Lighthouse for New Hope we believe God is calling people with multiple gifts to volunteer to touch children's lives; list below your various gifts & talents. Such as, singing, playing an instrument, drama, sewing, sports, bilingual, sign language, artist etc.**

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**What was the most difficult thing for you during a time of loss?**


**Which loss was the most difficult?**

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**We ask for a 14 week commitment at a time, do you see anything that would keep you from fulfilling that commitment? If yes, explain.**




## VOLUNTEER FACILITATOR APPLICATION

At The Lighthouse for New Hope we are committed to providing a safe environment for participants, volunteers, and staff. Since we will be working with children, we require a criminal background check on every individual working or volunteering at the Lighthouse for New Hope. We reserve the right to accept or reject potential volunteers.

Please read the below statement and sign

I, hereby, state that all the information given on this application is true. I also give The Lighthouse for New Hope authority to check my references and have submitted authorization to them to do a criminal background check on me. I hereby release and forever discharge The Lighthouse for New Hope, and hold each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, cost, debts, and sums of money, claims, and demands whatsoever, and any and all related attorney's fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer at The Lighthouse for New Hope.

Print Your Full Name \_\_\_\_\_ Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Thank you so much for committing to volunteer to touch the lives of those hurting children and families. We know that God will bless our time together as we work together, serving our Lord bringing the Light of the world into the dark storms of peoples life. We have been praying for you and will continue to pray for you.

From the Staff and Board of Directors  
The Lighthouse for New Hope