

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 _____

Home Phone _____ Work _____

Cell Phone _____ 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 Mailed: _____

Date Received: _____

Background check: _____

Date Trained: _____

References: _____

Date Started Volunteering: _____

Night Assigned: M TU TH

Group Assigned: _____

EMERGENCY CONTACT PERSON

Name _____ Relationship to You _____

Home Phone _____ Work Phone _____ Cell 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? _____

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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 _____

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.

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,

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

Which loss was the most difficult?

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.

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 _____