



**Sanctified Hope
A Transitional Living Program
Volunteer Application**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # (H): _____ (W): _____ (C): _____

Email address: _____

CONFIDENTIALITY AGREEMENT

Sanctified Hope (SH) recognizes the right of participants to have privacy over any information that may be personal or sensitive. In order to respect that right, we require all volunteers and staff to sign a non-disclosure agreement. And persons violating these policies will be subject to penalties ranging from reprimand to alteration of responsibilities to termination. Information considered to be confidential includes all medical, familial, social, referral, personal and financial concerns regarding a participant and her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family. SH staff, volunteers or others in association with SH or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation. Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the program participant.

I have read and understand the confidentiality policy as described and agree to observe its principles.

Signature: _____ Date: ____/____/____

Print Name: _____

EDUCATION:

High school

Number of years completed: _____ Diploma Yes [] No [], G.E.D Yes [] No []

High school name: _____

College and or/vocational school

Number of Years completed: _____

Schools: _____

Degrees earned: _____

Dates: _____

Masters

Number of year's completed: _____

Degrees earned: _____

Dates: _____

Describe other training or degrees: _____

CHURCH:

Church Name _____

How long have you attended? _____

Address: _____

City: _____

Pastor's Name: _____ Phone: _____

Positions in which you have served: _____

PERTINENT QUESTIONS:

In order to best protect and serve the individual with whom you may be working, please answer all questions truthfully. We pledge to protect your privacy in these sensitive issues and promise to handle all matters appropriately and with utmost integrity and discretion. If you answer “yes” to any of the following questions, please attach an explanation on a separate piece of paper.

- Do you have any mental, behavioral, or physical condition or illness which could affect your ability to work? yes no
- Are you taking any prescription medication with side effects that could affect your ability to work? yes no
- Are there any allergies, illnesses, or other health concerns we should be aware of? yes no
- Have you ever been convicted or plead guilty to a crime? yes no
- Have you ever been accused of, engaged in or investigated for any form of sexual misconduct or child abuse involving a minor or an adult? yes no
- Have you used illegal drugs within the last 12 months? yes no
- Have you gone through treatment for alcohol or drug abuse in the last 12 months? yes no
- Have you ever been a victim of sexual, physical or emotional abuse? yes no
- Have you ever had any painful life experiences as a child/minor that would hinder you from a productive ministry with women? yes no
- Have you ever been asked to leave a church or otherwise terminate your voluntary service to any program? yes no
- Is there anything in your past or current life that might be a problem if we found out about it later? yes no
- Have you struggled with pornography? yes no lesbianism yes no

REFERENCES:

Please list people who are not related to you and who have known you for at least two years, including your pastor.

1. Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____ Cell _____
Year acquainted: _____ Relationship: _____

2. Name: _____
Address: _____ City: _____ State: _____ Zip _____
Phone: (H) _____ (W) _____ Cell _____
Year acquainted: _____ Relationship: _____

VOLUNTEER EXPERIENCE:

List most recent volunteer experience first.

Organization: _____
Date of volunteer service - From: ____/____/____ to: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Positions/Duties: _____

Phone: _____ Supervisor Name: _____

Organization: _____
Date of volunteer service - From: ____/____/____ to: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Position/Duties _____

Phone: _____ Supervisor Name: _____

AVAILABILITY:

Please Mark all that apply:

Days of the week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preference in Volunteer time: Morning Afternoon I'm flexible

VOLUNTEER INTERESTS/ROLES:

Mentor-meet with program participant once a week for a year to take them through a Bible course and be a friend

Teacher – Instruct participants in a weekly time limited curriculum class.

Driver – Transport participants to appointment.

Other: _____

SALVATION TESTIMONY QUESTIONS:

1. What was life like before you made the decision to follow Jesus Christ? _____

2. How did you realize you needed Christ? _____

3. Why and how did you receive Jesus as Savior? _____

4. What difference has the decision to follow Christ made in your life? _____

5. How are you currently seeing God work in your life? _____

ADDITIONAL INFORMATION:

1. What special skills, talents, gifts, or personality traits would you bring to this ministry? _____

2. What do you consider your possible areas of weakness? _____

3. Are there any particular personality types with whom you have difficulty working with? _____

4. What is your reason for seeking to volunteer here? _____

STATEMENT OF FAITH:

We believe the Bible to be the inspired, the only infallible, authoritative word of God

- We believe there is only one God, eternally existent in three persons: Father, Son and Holy Spirit
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracle, 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.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that salvation is received through faith in Jesus Christ as Savior and Lord and not a result of good works.
- We believe in the present ministry of the Holy Spirit by whose indwelling a Christian is enabled to live a godly life and to perform good works.
- We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto resurrection damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

APPLICANT'S CERTIFICATE AND AGREEMENT:

I certify that that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize SH to verify their accuracy and to obtain reference information concerning my character and capabilities. I release SH and any person and entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to SH to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with women ex-offenders. If I become a volunteer with SH, I agree to fully adhere to its policies and rules, including those rules relating to program participant's confidentiality. I recognize that as a volunteer, I will serve in a different role than the employees of SH, and I am not seeking, nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

Signature of Applicant: _____ Date: ____/____/____

BACKGROUND CHECK AUTHORIZATION FORM:

As an employee or volunteer of SH, Weatherford, Texas, I authorize SH to procure a criminal background check from the Texas Department of Public Safety, or any State Public Safety Departments where I have moved or lived. I understand that report will include previous names, previous addresses, and any criminal records I may have.

I understand I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such an investigation includes information bearing on my character, general reputation, or personal characteristics.

Name: _____ SS# _____ - _____ - _____

Signature: _____ Date of Birth: ____/____/____

Date: ____/____/____

CODE OF CONDUCT:

We believe that, as a ministry of our God and Savior, Jesus Christ, it is our duty by personal testimony to live a life that honors Him. Accordingly, SH, has adopted the following code of conduct for all board members, staff members, and volunteers;

While knowing that we are all sinners in need of a Savior, we must strive to conquer sin and live in such a way that does not bring disrepute to our Christian faith or this ministry. While this is a broad statement by necessity is subject to some interpretation for individual circumstances, particular areas of focus would include behavior that is illegal or clearly immoral under Christian faith-including, but not limited to, sexual activity outside of marriage, drug and alcohol abuse, and financial impropriety. Failure to abide by this code of conduct is grounds for dismissal at any level of this ministry.

I have read and understand my duty to abide by this Code of Conduct. I understand that by signing, I have not created contractual agreement for employment with this ministry.

Signature: _____ Date: ____/____/____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan:

In the event of an emergency medical aid/treatment is required due to illness or injury while being on the property of SH, I authorize SH to:

Secure and retain medical treatment and transportation if needed. This provision will only be invoked if the person(s) above is unable to be reached.

Date: ____/____/____ Consent Signature: _____

Non-Consent Plan:

[] I do not give my consent for emergency medical/aid treatment in the case of illness or injury while on the property of SH.

Date: ____/____/____ Non-Consent Signature: _____

Volunteer signed in presence of SH staff.