



# Volunteer Application Confidentiality Form

Bkgrd Ck: \_\_\_\_

Leadership Training: \_\_\_\_

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## Personal Information

Volunteer start date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month//Year \_\_\_\_

\_\_\_\_\_  
Name (First) (Middle) (Last) Birth Month/Day/Year

Ms.  Mrs.  Mr.  Rev.  Dr.  Other \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Street Address Apartment Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Number Business Phone Number Cell/Other Phone Number

I prefer to receive calls at:  Home  Business  Other \_\_\_\_\_  
E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Name Telephone Number Relationship

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**Volunteer Area of Interest:** Pantry  Store  Transformational Ministry (mentoring, teaching, etc.)

Other  (Please list area): \_\_\_\_\_ Available :( seasons, days and times) \_\_\_\_\_

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## Community Service Volunteers Only:

School Related  Court Appointed  Other  \_\_\_\_\_

On Probation or Parole? Yes  No  If yes, PO's Name and Number: \_\_\_\_\_

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## Church Information and Reference

\_\_\_\_\_  
Church Name Denomination

\_\_\_\_\_  
Pastor's or Church Leader's Name Phone Number

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## Apostle's Creed

I have received and read a copy of the Apostle's Creed and I agree with it. Yes  No

SIGNATURE: \_\_\_\_\_



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**\*For volunteers interested in working in Transformational Ministry, only:**

**Criminal Background Check:** Because volunteers may work with children or with financial accounts of clients in our Transformational Ministry Programs, Love INC does a criminal background check for everyone involved with the programs. Information needed for the background check is your name, date of birth, and consent.

Any other names you have gone by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give permission for a background check:

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Name (Please Print)

Date

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Signature

Date

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## Volunteer Confidentiality Agreement

I agree to protect the confidentiality of all individuals who have requested or have received assistance from Love In the Name of Christ of Newaygo County. I will not discuss or disclose information regarding any client to unauthorized persons outside of the Love INC sphere of service.

In addition, I will not discuss or disclose information regarding any volunteer or staff member to persons outside the Love INC sphere of service without written permission to do so.

Confidential information includes, but is not limited to:

- Names
- Birthdates
- Social Security Information
- Addresses
- Telephone Numbers
- Financial Information
- Employment Information
- Legal Information
- Medical Information

SIGNATURE: \_\_\_\_\_

Prayer requests for clients, volunteers, or staff members may be shared with your Bible study group or prayer group as long as all requests are kept on a first name/general information basis.

*Love INC volunteers....bridging the gap between willing hands and wounded hearts*

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## Transformational Ministry Application

Background Check \_\_\_\_\_  
Leadership Training \_\_\_\_\_

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

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

May we contact you at work? \_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church: \_\_\_\_\_ Are you a member? \_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone # to contact pastor: \_\_\_\_\_

Position you are applying for?  Budget teacher  Personal Growth Class teacher  Child care attendant

If you checked a Personal Growth Class teacher, explain what type of class how many weeks and estimated cost per person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Love INC is a Christian organization. Have you accepted Jesus Christ as your personal Savior?

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you comfortable sharing Christ's love with others as the opportunity arises?

\_\_\_\_\_  
\_\_\_\_\_

3. What is your involvement with your own church? Do you attend regularly?

\_\_\_\_\_



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\_\_\_\_\_

5. List references from your church volunteer experiences:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. How did you become interested in or hear about Love INC's Relational Ministry? \_\_\_\_\_

\_\_\_\_\_

7. What qualifications, skills, experiences, or spiritual gifts do you have that will help you to be an effective volunteer? \_\_\_\_\_

\_\_\_\_\_

8. What are your feelings about people hurting physically, emotionally, financially, spiritually? \_\_\_\_\_

\_\_\_\_\_

9. What do you consider to be your strengths? Weaknesses?

\_\_\_\_\_

\_\_\_\_\_

10. Please share about the person(s) who have been most influential in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you have any questions about Love INC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_