

Light House
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VOLUNTEER APPLICATION

Background Information:

Name: _____ Birth Date (mo/day): _____
(Last) (First)

Address: _____

City, State, Zip: _____

Home Phone _____ Work Phone: _____

Cell Phone _____ Other Phone _____

E-mail: _____

Present Employer: _____

Position: _____ Supervisor: _____

Address: _____

City, State, Zip: _____ Tel. Number: _____

Does your company have a company match or volunteer program? _____

Name of Church: _____

Religious Preference: _____

Highest Level of Education: _____ Degrees Earned: _____

Have you ever been convicted of a felony? _____ If yes, please explain below:

Your Name: _____

Questionnaire:

What opportunity(ies) are you most interested in? _____

When are you available to help: ___ Weekdays ___ Weekends _____
 ___ Mornings ___ Afternoons ___ Evenings

Why do you want to volunteer at LIGHT HOUSE?

Expertise, interests, and or skills that you would be willing to share at LIGHT HOUSE:

Current or previous volunteer experiences:

Groups or individuals you would like invited to volunteer at LIGHT HOUSE:

Personal or Professional References (Please exclude relatives.)

Name: _____ Daytime Phone: _____

Mailing Address: _____

Name: _____ Daytime Phone: _____

Mailing Address: _____

Name: _____ Daytime Phone: _____

Mailing Address: _____

Your Name: _____

Professional Reference (If you have volunteered elsewhere, please include their contact information.)

Name of Organization _____

Name of Supervisor: _____ Daytime Phone: _____

Mailing Address: _____

Contact In Case of Emergency:

Name: _____

Relationship: _____

1st Phone #: we should call _____

2nd Phone # we should call _____

3rd Phone # we should call _____

Physician: _____ Phone #: _____

Hospital of Choice: _____

Any health conditions we should be aware of?

*** Please remember to include a clear, legible copy of your social security card so your background check can be processed. If the state cannot easily read every number on your social security card, they will not process your background request. Thank you.**

Confidentiality Policy and Procedures

All information pertaining to all clients of LIGHT HOUSE shall be considered confidential. All case records shall be kept in file cabinets behind locked doors. Workers should ensure confidential papers not be readily visible to a visitor entering the office. Staff and professional consultants should only have access to the information with which they are professionally involved.

Volunteer Staff during volunteer service at LIGHT HOUSE or after termination of volunteer service should not disclose or permit the disclosure of any information concerning the client or her family, directly or indirectly to any unauthorized person. Volunteer Staff should use care in discussing confidential information in public areas, which could be overheard by unauthorized persons including other clients.

Any client information shared with any person, organization, or agency necessary to perform services for the client shall be preceded by a signed release of information. The original of this form will be kept in the client records and a copy will be included with the information release.

All requests for access to a client's records should be documented in the client's files providing the name of the individual making the request, date, desired materials, and grounds for refusal if access was denied.

A signed consent for release form must precede release of records, specifying what information may be released, to whom, for what purpose, and for what period of time.

Records shall be made available to the Department of Social Services or its authorized and identified agents upon written or verbal request.

Any information or case history that is to be the basis of publicity or fundraising efforts is to be used only with the permission of the client, parents of a minor client, executive director and/or director of adoptive services. Minor clients must have the written permission of their parents or legal guardian to participate in radio, TV or public appearances or photographs.

I have reviewed the above policies and procedures for confidentiality and understand my responsibility to uphold them.

Signature

Date

The Faith Statement of the LIGHT House

- ❖ We believe in one God, expressed in three persons: God the Father, God the Son, God the Holy Spirit.
- ❖ We believe that the Bible is God's written revelation to man and that it is verbally inspired, authoritative and without errors in the original manuscripts.
- ❖ We believe that each person, born and unborn, is created in the image of God with purpose and value; therefore each person is sacred in His eyes and called to salvation and eternal life by the grace of God through the death and resurrection of Jesus Christ.
- ❖ We believe that we are to share the message of God's love and the good news about His son Jesus Christ with women and their families in crisis pregnancies through our maternity-home, educational programs, adoption agency, and our outreach programs.
- ❖ We believe that God has called us to bless and encourage these families and that our efforts, with God's help, will enable our clients to be effective parents, spouses, and members of society.

Signature: _____

Date: _____