



## Volunteer Form

Thank you for considering becoming part of the Living Hope Church (LHC) Volunteer team. Our heart's desire is to glorify God by developing fully devoted followers of Jesus Christ to affect our world. By choosing to become a volunteer you are part of this BIG plan! Welcome!

We train you, so no prior experience is required. Getting plugged in is as easy as 1...2...3...

1. Fill out the attached screening form and return it to our office. You are welcome to type your answers and attach them.
2. Attend a Volunteer Training class. They are offered four times a year.
3. Meet with a member of the ministry staff for which you are applying.

### Why the screening process?

It introduces you to our policies that are intended to protect both the children and volunteer workers. It is a helpful resource in addressing the issues of child and medical safety. All workers are expected to adhere to the policies, regardless of their area of ministry. It also helps reduce personal and church liability.

It will help us match your gifts with an area of ministry that you can be excited about. It provides important training and an overview of the entire LHC volunteer team and goals.

Thank you, in advance, for taking a few minutes to fill out this form.

If you need help, please feel free to contact us.

The LHC Staff  
family@livinghope.us  
847.985.6446 / fax: 847.985.6991

# Living Hope Church Volunteer Form

## NON-CONFIDENTIAL SECTION

Please note that information in this section (white pages) may be shared with ministry leaders outside of Living Hope Church staff.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Name \_\_\_\_\_  
Last First (Full) M.I.

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Okay to text you?  Yes  No

Work Phone (\_\_\_\_) \_\_\_\_\_ Okay to call at work?  Yes  No

How long have you lived in this area? \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Address \_\_\_\_\_

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

Current Profession/Previous Work Experience:

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Are you an official member of Living Hope Church?  Yes  No

- I have attended the DiscoverUS class.  Yes  No
- I would be open to attending the DiscoverUS class.  Yes  No

*The DiscoverUS class is strongly recommended so that you understand the core values & beliefs of this church.*

How long have you attended Living Hope Church? \_\_\_\_\_

What churches did you attend before coming to Living Hope Church & for how long?

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Previous church & community volunteer experience:

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Ministry you are applying for (if known) \_\_\_\_\_

What led you to apply to volunteer? \_\_\_\_\_

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List any gifts, callings, training, education, etc. that may have helped prepare you for volunteering.

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What are your expectations of your leader, coordinator or supervisor?

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How would you describe your current relationship to Jesus Christ?

\_\_\_ I have made a personal commitment to Jesus Christ and have assurance of my salvation (i.e., I am certain I will go to heaven).

***Please write out your testimony below.***

\_\_\_ I think I have made a personal commitment to Jesus Christ, but I am not certain of my salvation. ***Please write out your testimony below.***

\_\_\_ I am still seeking to know who Jesus Christ is and how He relates to my life. ***Please skip to page 5.***

\_\_\_ Other: \_\_\_\_\_  
***Please skip to page 5.***

***When did you accept Jesus Christ as your personal Savior?***

***My life before Christ:***

***How I came to know Christ as my Lord & Savior:***

***My life after I received Christ:***

# LIVING HOPE CHURCH CORE VALUES

## WORSHIP

**Definition:** Worship is a lifestyle of surrender and adoration toward God.

**Why:** We believe that we were created to worship God.

**Actions:**

- Encouraging faithful participation in corporate worship (weekend services).
- Encouraging faithful participation in small group prayer, personal times of prayer & study.

## COMMUNITY

**Definition:** Community is joining and belonging to a group of Christ-followers.

**Why:** We believe building healthy relationships is essential for spiritual growth.

**Actions:**

- Encouraging everyone to participate in a small group.
- Equipping small group leaders.
- Providing all-church fellowship events.

## SPIRITUAL GROWTH

**Definition:** Spiritual growth is a lifelong process of pursuing Christ-likeness.

**Why:** We believe that we are destined to become like Jesus.

**Actions:**

- Providing a foundation of Biblical truth.
- Equipping believers to disciple others.
- Celebrating transformation in people's lives.

## SERVICE

**Definition:** Service is using our God-given gifts to be the hands and feet of Jesus.

**Why:** We believe service is the tangible evidence of our new life in Christ. Service is the power of the church in action.

**Actions:**

- Providing serving opportunities.
- Equipping and training people for ministry and for servant-leadership celebrating those who serve.

## THE MISSION

**Definition:** The Mission is living a "lifestyle of influence" so that others discover Christ.

**Why:** We believe that we are called to demonstrate the love of God & communicate the Gospel.

**Actions:**

- Encouraging The Mission in Jerusalem, Judea, Samaria, and to the ends of the earth.
- Providing opportunities and training for personal evangelism.

\_\_\_\_\_ I have read the Core Values and will do my best to make them mine.

\_\_\_\_\_ With every teaching opportunity I will do my best to teach them to those in my care.

## PROPER BEHAVIOR FOR LHC WORKERS

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care to all children, youth, and volunteers who participate in church sponsored activities.

1. Adults who have been convicted of either child sexual or physical abuse will not volunteer service in any Living Hope Church sponsored activity or program for children or youth.
2. All volunteers working with children or youth are required to be regular attendees of Living Hope Church for a minimum of six months. A regular attendee is one who is consistently present at scheduled services and supports the ministries of the church.
3. All volunteers must observe the "two person" rule. This requires that no one is ever alone with children or youth without another person.
4. Adult volunteers should immediately report any behaviors that seem abusive or inappropriate to their supervisor.
5. Minimum age limit for a volunteer is 11 years of age during regular services. All younger volunteers must be accompanied by adults.
6. No volunteer will at any time be alone with a student in a vehicle, except in special circumstances and with prior permission from the ministry department supervisor.
7. No volunteer should assist a child in bathroom clean-up. If an emergency occurs, two adults must be present for accountability. Main bathroom doors should remain ajar when a child is using the lavatory under adult supervision.
8. No volunteer will at any time physically discipline a child under his or her care. If a child continues to be unruly, the parents will be contacted.
9. All counseling of children/minors will be handled by department leaders & supervisors. Volunteers are required to report information pertaining to suicide, abuse of any kind or hostile intent.

As a church volunteer, do you agree to observe all church policies regarding working with youth or children?    **Yes**    **No**

I have read the above policy and agree to observe the safeguards listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

## CONFIDENTIAL SECTION

The remainder of this application is considered strictly confidential (yellow pages). It will be viewed and used only by those Living Hope Church staff members who are involved in making volunteer placement decisions. All completed ministry applications are kept confidential and stay locked in the church office. If you prefer, you may choose not to answer the questions in this section, or you may discuss your answers in confidence with a Living Hope Church staff member. Leaving any questions unanswered will indicate that a staff member will need to contact you for follow up.

- 1. Have you ever been convicted of, or pleaded guilty to a crime other than a minor traffic violation?**    Yes    No

If yes, please explain – attach a separate page if necessary:

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- 2. Are you now under charges for any criminal offense?**    Yes    No

*(A criminal offense will not necessarily disqualify you from consideration.)*

If yes, please explain – attach a separate page if necessary:

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- 3. Have you ever been accused, investigated, charged, arrested, or convicted of child abuse, sexual abuse, or sexual assault?**    Yes    No

If yes, please explain – attach a separate page if necessary:

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- 4. Were you a victim of abuse or molestation while a minor?**    Yes    No

If yes, have you gone through counseling?    Yes    No

- 5. Have you ever been exposed to an incident of child abuse or neglect?**    Yes    No

What are your feelings concerning this child abuse/neglect?

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- 6. If you have children, how do you (or did you) discipline them?**

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- 7. Do you have any other history that may be of concern as your LHC volunteer form is being reviewed?**    Yes    No

If yes, please explain – attach a separate page if necessary:

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- 8. I am free from any diseases that could be detrimental to children, such as typhoid, paratyphoid, hepatitis or other diseases.**    Yes    No

## REFERENCES

Please provide TWO references, preferably from a past employer or volunteer organization. References must meet the following criteria: must be over age 18; must not be a relative or Living Hope Church staff; must be able to speak of your character and ability to serve, especially as it relates to working with children & youth; have known you for at least one year. Please provide complete addresses, phone numbers, and e-mail addresses and in what capacity you know the reference. References will be checked.

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_ Capacity Known \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_ Capacity Known \_\_\_\_\_

The information contained in this screening form is correct to the best of my knowledge. I authorize any references or churches listed in this form to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this form by Living Hope Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Constitution, Bylaws and policies of Living Hope Church, and to refrain from unscriptural conduct in performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## BACKGROUND CHECK AUTHORIZATION

I agree to a criminal background check to be run on my name. I hereby request and authorize information which pertains to any record of convictions contained in the files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

**Yes**  **No**

Signature \_\_\_\_\_

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

Print Maiden Name \_\_\_\_\_

Print All Aliases \_\_\_\_\_

Social Security # \_\_\_\_\_

Birth Date        /        /         
                  month    day    year