



Volunteer Application

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Darlene Bishop Home For Life is dedicated to helping those who need emotional and spiritual healing and restoration. Please answer all questions honestly. Please do not leave any blanks in your application, as this will delay processing.

Information About You

Date _____ Name _____ Name you go by _____

Present Address _____

City _____ State _____ Zip _____ County _____

Telephone () _____ home () _____ cell

Best time to reach you _____

Date of Birth: _____ Age: _____

Social Security Number: _____ - _____ - _____

I am currently: Single Married Separated Living with someone

Have you ever volunteered or worked at the Darlene Bishop Home for Life? Yes No If yes, in what capacity? _____

Briefly share why you are interested in volunteering at the Home For Life? _____

Please share any education or training that would be helpful in your volunteerism at the DBHL.

Have you accepted Jesus as your personal savior? Yes _____ No _____

Are you a member of SRC? Yes No If no, where do you attend church? _____

If you are a member of SRC, when did you become a member (Completed Building on the Rock)?

Legal History

For Office Use Only	
Date Received _____	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: _____	

Have you ever been arrested/incarcerated? Yes ___ No ___ If yes, how many times? _____

Please explain reason for arrest/incarceration:

Have you ever been on probation or parole? _____ Are you now? _____

How long? _____ Length of time remaining _____

Pre Screening Question

1. Have you used drugs in the past 12 months? _____
2. Do you smoke cigarettes? _____
3. Have you consumed alcohol in the past 12 months? _____
4. Are you currently dealing with any issues of sexual immorality? _____
5. Are you presently in treatment? Yes ___ No ___ Where? _____
6. Have you ever been in an alcohol, drug, or detoxification program before? ___ (If yes, please list the facilities below)

If you would like to provide an explanation of any of the questions you responded to above, please do so in this area:

Availability

I am available to volunteer on _____ (please list day(s) you are available).

Volunteer hours are a minimum of four and a maximum of eight hours. One day a week will be assigned

I am available to volunteer between the hours of _____ on the day(s) listed above.

I am interested in serving in the following capacity: ___ transportation ___ ___ teach classes ___ provide personal care for residents ___ assist with resident supervision.

In completing this application & by initialing after each statement, I acknowledge...

1. I acknowledge that DBHL is a Christian-based facility. As a result, I will encourage residents in their walk with Christ. Initials _____
2. I acknowledge that this is a highly disciplined spiritual program and I will work with the staff to maintain those disciplines with the residents. Initials _____
3. I believe the Bible to be the inspired, the only infallible, authoritative Word of God. Initials _____

4. I believe that there is one God, eternally existent in three persons: The Father, Son and Holy Spirit. Initials _____

5. I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, 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 to power and glory. Initials _____
6. I 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 as a result of good works. Initials _____
7. I believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works. Initials _____
8. I believe in the spiritual unity of believers in our Lord Jesus
C h r i s t .
Initials _____

Volunteer Agreement

Recognizing that the **Darlene Bishop Home for Life** is an evangelical ministry, I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read the Statements above and am in complete agreement with all statements.

I believe in the sanctity of human life as taught in the Bible, and therefore, reject abortion as an acceptable option for any woman facing a crisis pregnancy. I will at no time participate in any action that results in the destruction of innocent human life. I agree to support and care for women who stay at The Home for Life and are striving to overcome abuse or addictions.

All information about residents will be kept in the strictest confidence. I will continue to keep the information confidential even after I am no longer a volunteer for the Home for Life.

Understanding the vital role volunteers play in the work of the Home of Life, I do commit myself to faithfully serve _____ (hours) per week or as requested on a regular basis. Additionally, I will attend all volunteer meetings and trainings. If I am unable to attend, I will notify the Program Director or appropriate staff person in advance and arrange to get the information given at that meeting.

I, _____, acknowledge that to the best of my knowledge, I have provided true and accurate information in this application. Furthermore, I authorize DBHL to verify the validity of this application and any information contained within. I further give DBHL staff authorization to check references,. I understand that any false or misleading information could result in my inability to volunteer at the DBHL now or in the future.

Signature _____ Date _____