

Volunteer Application

PERSONAL INFORMATION

Please provide the following additional information about yourself.

Full Name: _____ Address: _____

Phone: _____

Birth date: _____ Days/Hours Not Available: _____

Email Address: _____

VOLUNTEER PREFERENCES

Check the boxes of those services that you are willing to offer. Then fill out the rest of your personal information and preferences. Thank you for taking the time to complete this volunteer application.

- Office Support
- Call Center Volunteer
Shifts are Monday-Thursday
- 9:15am - 11:30am & 11:30am - 1:30pm
- Transportation
- Home Maintenance
- One-on-One Ministry such as befriending, prayer, and encouragement
- Other: _____
- Professional Services: are you able to offer your professional skills periodically at little or no cost to individuals with specific needs?
Please indicate what you can offer:

CURRENT GAP MINISTRIES

If you are interested in volunteering for specific GAP ministries please indicate which one(s) below.

- Bicycle Ministry
- (Foster) Care Closet
- Delivery Ministry
- Durable Medical Equipment
- F.A.R.M. (Feeding Area Residents Meat)
- Firewood Ministry
- Gift Closet
- Kitchen Closets
- Layette Ministry
- Linen Closet
- Loads of Love
- Maternity Clothes Closet
- Ministry of Encouragement
- Personal Hygiene Closet
- Preschool Clothing Closet
- The Christmas Store
- I would like to start a new Gap Ministry

WHAT ARE YOUR GIFTS?

If you have a special talent or skill that you believe would be of service to families and individuals, please use the space below to describe it. We believe there can be a place for every talent as we work together to minister to people with needs.

REQUIRED CONFIDENTIALITY AGREEMENT

I will protect the confidentiality of all individuals who request service from Love INC. I agree that I will not disclose or discuss information regarding any client to any unauthorized person. When I request prayer for them, or talk about services I provide, I will never use clients' names, physical descriptions, locations, or ages. I will only use vague general descriptions.

I also acknowledge that I have been advised to acquire or maintain adequate personal liability insurance protection while performing volunteer activities.

I agree to abide by these policies.

X _____
Your Signature Date

OUR STATEMENT OF FAITH

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is 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 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 in power and glory.
- We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

I have read the Statement of Faith and I agree with it.

X _____
Your Signature Date

PASTORAL REFERENCE

Church Name: _____

Pastor's Name: _____

Pastor's Contact Info: _____

Phone Number

Email Address

X _____
Pastor's Signature Date