



## PART 2 REFERENCES (EXCLUDING RELATIVES)

1. Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail (OPTIONAL): \_\_\_\_\_

2. Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail (OPTIONAL): \_\_\_\_\_

### PASTORAL REFERENCE:

Name: \_\_\_\_\_  
Church: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail (OPTIONAL): \_\_\_\_\_

### EMPLOYER REFERENCE:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail (OPTIONAL): \_\_\_\_\_

## PART 3 AVAILABILITY

Monday	_____ a.m.	to	_____ p.m.
Tuesday	_____ a.m.	to	_____ p.m.
Wednesday	_____ a.m.	to	_____ p.m.
Thursday	_____ a.m.	to	_____ p.m.
Friday	_____ a.m.	to	_____ p.m.
Saturday	_____ a.m.	to	_____ p.m.
Sunday	_____ a.m.	to	_____ p.m.

Frequency:  Weekly  Monthly

Volunteers have a choice of days, hours, and how often they would like to work, and need to schedule them with our Volunteer Coordinator. *It is important that each volunteer inform staff of days they will be absent.* While it is not mandatory for volunteers to come in, we need to know who will be here in order to effectively plan the day's activities.

## PART 4 AREAS OF SERVICE

Please circle the following areas of service for which we can contact you for assistance:

### ADVISORY COUNCIL

Men and women in the community that the Board recognizes as advisors and accountability partners to the Executive Director. These business professionals, educators and community leaders will be called upon for ideas and discernment.

### CHURCH AMBASSADOR

A liaison for Lighthouse to promote volunteerism, events, support, etc.

### EDUCATION (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Learning Center | <input type="checkbox"/> Food Service        |
| <input type="checkbox"/> Finances              | <input type="checkbox"/> Prepare/Serve Meals |
| <input type="checkbox"/> Life Skills           | <input type="checkbox"/> Special Events      |
| <input type="checkbox"/> Parenting             |  |

### LIBRARY (check all that apply)

- Maintain Library
- Sort Books

### OFFICE WORK (check all that apply)

- Reception/Answering Phones
- Filing
- Mailings

### PRESCHOOL (check all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Art Projects | <input type="checkbox"/> Story Time     |
| <input type="checkbox"/> Child Care   | <input type="checkbox"/> Tutor Children |

### THRIFT STORES (check all that apply)

- Sales Clerk
- Sort Donations

### BIBLE STUDY (check all that apply)

- Teaching Bible Study
- Leading a Chapel Service
- Resident Mentor
- Special Music

### CHILD CARE—EVENINGS

Bible stories/art projects

### MAINTENANCE (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Appliances       | <input type="checkbox"/> Saturday Work Day     |
| <input type="checkbox"/> Building         | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Landscaping/Yard Work |

### FUNDRAISING

Assist in raising needed financial resources

### PRAYER PARTNER

Intercessory prayer for the ministry and for specific needs of the residents and others.

### SPECIAL PROJECTS (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Legal Counsel         | <input type="checkbox"/> Medical/Dental Care |
| <input type="checkbox"/> Employment Assistance | <input type="checkbox"/> Special Events      |

### TRANSPORTATION (check all that apply)

- Donation Pick-up
- Residents' Appointments



### *Mission Statement*

***Lighthouse Ministries, Inc. is set apart by the Spirit of God to communicate the Gospel of Jesus Christ to meet the physical, emotional, and other needs of the poor and at-risk population.***

### *Vision Statement*

Our vision is for those individuals we serve to achieve an overall outcome of God's peace, life purpose, and fulfillment of potential.

### *Core Values*

#### **Jesus Christ**

Truth  
Integrity  
Compassion  
Accountability  
Discipline  
Unity

### *Four Pathways to Progress*

#### **S.C.I.E. - Spiritual Growth, Community, Industry, Education**

**Spiritual Growth:** developing an intimate relationship with God

**Community:** building relationships, restoration, helping, and serving others

**Industry:** work ethic, work assignments, internship, employment, honor, dignity

**Education:** education, learning, and understanding

### RELEASE AND HOLD HARMLESS

I (we) release and hold harmless Lighthouse Ministries Inc., its officers, members, employees, volunteers, agents or assigns from any and all liability including but not limited to, personal injury, death, property loss, damage or other loss suffered or sustained by me (us) while on the premises or in connection with the receipt of the aforementioned items, and further covenant and agree for myself (us) (our) heirs, executors, administrators and assigns not to seek civil remedy in any court of law against Lighthouse Ministries, Inc. or its officers, members, employees, volunteers, agents or assigns relating to or arising from the receipt of the aforementioned items.

### CONSENT TO BINDING ARBITRATION

I (we) fully understand that any and all disputes and causes of action whether in contract or tort, relating to or arising from Lighthouse Ministries, Inc. shall be resolved by binding arbitration according to the rules of the American Arbitration Association. Arbitration shall take place in Polk County Florida. Each party shall bear their own attorneys fees and costs. I (we) waive my (our) right to a trial by jury or by the court and further waive my (our) right to seek any civil remedy in a court of law. **I (we) have read this paragraph and understand that by executing below I (we) are waiving important legal rights.**

### MISSION STATEMENT

I have read, understand and agree with Lighthouse Ministries' Mission Statement, Vision Statement, Core Values, and Pathways. I understand that as a volunteer at Lighthouse Ministries, I will not be paid for my services and I will volunteer my time abilities and talents. I will respect any resident's confidential information to which I may have access. I will respect the privacy and anonymity of the residents of Lighthouse Ministries and agree not to use such information without a prior release form signed by the resident.

### PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow Lighthouse Ministries, Inc. to perform a background check as appropriate for all volunteer positions, including:

- |   |   |
|---|---|
| <input type="checkbox"/> Criminal Record    | <input type="checkbox"/> Personal References  |
| <input type="checkbox"/> Driving Record     | <input type="checkbox"/> Volunteer Experience |
| <input type="checkbox"/> Employment History |   |

I understand that I do not have to agree to this background check, but that refusal may exclude me from consideration as a Lighthouse Ministries volunteer. This information is of a confidential nature, and, as such, will not be shared with other personnel except for those involved in this specific volunteer position. I also understand that all information will be kept confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date