



## 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. 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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? \_\_\_\_\_

### Legal History

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 \_\_\_\_\_

#### For Office Use Only

Date Received \_\_\_\_\_

Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

**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:**

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**Availability**

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

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

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

1. I acknowledge that HFL 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 Christ. Initials \_\_\_\_\_

## Volunteer Agreement

Recognizing that the **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.**

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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 HFL.

Signature \_\_\_\_\_ Date \_\_\_\_\_