

LIGHTHOUSE 2911, P.O. Box 852, Yoakum, TX 77995

Phone: 361-293-1350

FAX: 361-741-2084



## Volunteer Application

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Maiden Name \_\_\_\_\_ Other Name \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ TDL or ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Check preferred:  Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Work \_\_\_\_\_ Ext \_\_\_\_\_  E-mail \_\_\_\_\_

EMERGENCY CONTACT INFORMATION	Name of Contact: _____
Check preferred: <input type="checkbox"/> Home Phone _____	<input type="checkbox"/> Cell Phone _____
<input type="checkbox"/> Work _____ Ext _____	Relationship _____

### VOLUNTEER CONFIDENTIALITY

Except where disclosure is specifically required by State or Federal law, all information that you provide or that we obtain through legal means will be held in the strictest confidence. This includes, but is not limited to, personal information, including SSN; email address; medical information; etc.

### CONFIDENTIALITY AGREEMENT

Except for certain specified circumstances, Texas Law and Federal regulations require that all facility records which directly identify a client, former client or potential client of all LIGHTHOUSE 2911 programs shall be kept confidential.

I understand that violation of this confidentiality requirement can result in immediate dismissal from my duties as a volunteer for LIGHTHOUSE 2911 subject to the discretion of the Executive Director of LIGHTHOUSE 2911.

I agree to conform to all rules and regulations of LIGHTHOUSE 2911 to the best of my ability, and to respect the confidential nature of all case records and my personal contacts with clients and their families.

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

## CRIMINAL HISTORY SEARCH - RELEASE OF INFORMATION\*

I \_\_\_\_\_ (name as it appears on SS card), do hereby give permission to LIGHTHOUSE 2911 to receive any information concerning any Criminal and/or Juvenile Justice records. I understand that the information is necessary only to determine my qualifications and fitness for the position I am seeking.

I hereby release you, LIGHTHOUSE 2911, or others from any liability or damage which may result from furnishing the information requested above.

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

\_\_\_\_\_  
Date

\*NCIC/TCIC/FBI level criminal history search are usually undertaken on those individuals that will have direct contact with youth. All volunteers and staff at Lighthouse 2911 have some level of criminal history search performed. Lighthouse 2911 does not automatically dismiss an opportunity of service for an individual based on "any" previous history.

## VALUES

Staff and youth participants of Lighthouse 2911 programs adhere to "PALS Values". If you choose to volunteer directly with the youth in those programs you will be required to acknowledge those values. As a volunteer in a non-contact position you will be expected to adhere to the following values. Please initial each value.

\_\_\_ 1. I understand that while Lighthouse 2911 is prohibited from overtly referring to Christianity during school and CJD funded activities, it is a ministry. I will be working alongside Christians of varying backgrounds. I will put aside denominational differences and focus on the foundational truths of love, mercy, and grace. I will not promote my personal political, religious, or social agendas.

\_\_\_ 2. I understand that my skills and interests will be taken into consideration, but that I may be asked to serve in a different capacity.

\_\_\_ 3. I will be respectful and follow the directions of my supervisor regardless of gender, age, or race.

\_\_\_ 4. I agree to work in the capacity to which I am assigned.

\_\_\_ 5. I agree to make every effort to not engage in any negative or disruptive behavior or communication, including but not limited to displays of anger or impatience. Contention among us only impedes our mission.

\_\_\_ 6. I agree to make every effort to represent Christ and His love to those I work with and serve, regardless of their actions or attitude.

\_\_\_ 7. I am willing to comply with directives issued by Lighthouse 2911. I will uphold and follow the policies of the organization.

\_\_\_ 8. I agree not to use illegal drugs.

\_\_\_ 9. I agree not to smoke or use tobacco products while representing or attending any Lighthouse 2911 activity.

\_\_\_ 10. I understand a high Christian standard of behavior is expected.

## AREA(S) OF INTEREST

- Fundraising: Funding for Lighthouse 2911 ranges from governmental grants for services provided, private and foundation grants, funding drives, and in-house fund raising, through special events. This includes the sale of tickets for our events.
- Special Events: Lighthouse 2911 produces special events to augment funds as well as to provide much needed recognition for the programs we offer.
- Marketing and Promotion: Help us get the word out about the great job Lighthouse 2911 does for the youth and families that we serve. Lighthouse 2911 uses all forms of media to accomplish our goals. If you are employed in media or have a background there, consider lending us a hand.
- Speakers Bureau: Direct contact with civic groups, business and trade associations, church groups and other similar opportunities create possibilities for the Lighthouse to shine. If you are articulate, and feel that you could help us spread the word we will put you on track to becoming one of the public faces of the organization.
- Logistics: Acquisition of items needed and moving those items about takes the pressure off of other team members. Often requires only short periods of commitment during specific programs or special events.
- Summer Camp: The Lighthouse produces a three day summer camp for the youth involved with our programs. We often have need for both support personnel and those that work with the youth. This requires a higher level of background check, which we provide.
- Youth Contact: Working directly with the youth involved in our programs, or those that attend our special programs. This requires a higher level of background check, which we provide.
- I'm Yours!: Wherever Lighthouse 2911 needs me!

## EXPERIENCE

Please note your experience to help us understand our resources:

<input type="checkbox"/> Teaching	<input type="checkbox"/> Music	<input type="checkbox"/> Art	<input type="checkbox"/> Cooking	<input type="checkbox"/> Sewing	<input type="checkbox"/> Office/Computer	<input type="checkbox"/> IT	<input type="checkbox"/> Security
<input type="checkbox"/> Social Services	<input type="checkbox"/> Medical	<input type="checkbox"/> Carpentry/Plumbing/Electrical/Painting/Welding/Engineering			<input type="checkbox"/> Driving Endorsements	<input type="checkbox"/> Mechanics	

Please expound on above areas or list others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any short or long term volunteer work you have participated in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you desire to be a Lighthouse 2911 volunteer? \_\_\_\_\_

\_\_\_\_\_

## Physical Wellness

In order to provide the utmost safety and the best work environment for our volunteers we find it necessary to be aware of general health issues. Again, this is confidential. Please answer each question honestly and openly. All applications are prayerfully considered and your answers will not automatically disqualify you.

Condition of Health:  Poor  Fair  Good  Excellent

Do you have any allergies?  No  Yes, \_\_\_\_\_

Do you have any specific medical condition that you would like us to be aware of for your own safety? \_\_\_\_\_

\_\_\_\_\_

Can you lift and carry 20 pounds?  Yes  No If no, please comment: \_\_\_\_\_

\_\_\_\_\_

Can you stand for at least two hour periods?  Yes  No If no, please comment: \_\_\_\_\_

\_\_\_\_\_

Can you tolerate heat and humidity?  Yes  No If no, please comment: \_\_\_\_\_

\_\_\_\_\_

Do you require air conditioning?  Yes  No If yes, please comment: \_\_\_\_\_

\_\_\_\_\_

Do you require special food items/diet/timing of meals?  Yes  No If yes, please comment: \_\_\_\_\_

\_\_\_\_\_

## Certification

I certify that all answers that I have given on this application are true and accurate. I acknowledge that I have asked any pertinent questions that I might have about the application and those have been answered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Office Use Only**      Received \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Checklist complete \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Background \_\_\_\_/\_\_\_\_/\_\_\_\_       NCIC/TCIC/FBI required

A       D      Follow-Up on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Package Delivered       Mailed on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_