



Office use only:
Date began _____
Position _____

P. O. Box 152
Chehalis, WA 98532-0152
360-748-8611
FAX 360-748-8621
Info.loveinclc@gmail.com

Hours: 9 am – 3 pm
Monday - Thursday
Friday: 9am – 12 Noon

VOLUNTEER APPLICATION

NAME _____ Phone: _____ E Mail _____

Address _____ City _____ Zip Code _____

Date of Birth _____ Place _____

What Church do you attend? _____

Member? _____ How many years _____

Pastor's Name _____

Three References, NOT family or Pastor (Pastor will be contacted)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Reason for
Volunteering _____

Marital Status _____

Education _____

Brief employment history _____

Military Service ? _____ yes _____ no

What are your interests/hobbies _____

Have you ever had experience with any of the following? (if so, please explain on the back)

____ Mental health problems and/or treatment

____ Drug or alcohol abuse and/or treatment

____ Domestic violence

In difficult times in your life, to whom do you go for help/support? _____

LOVE INC Statement of Faith

I believe in God, the Father Almighty, Creator of heaven and earth.
 I believe in Jesus Christ, His only Son, our Lord.
 He was conceived by the power of the Holy Spirit and born of the Virgin Mary.
 He suffered under Pontius Pilate, was crucified, died and was buried.
 On the third day, He rose again.
 He ascended into Heaven and is seated at the right hand of the Father.
 He will come again to judge the living and the dead.
 I believe in the Holy Spirit, the holy Church universal, the communion of the saints,
 the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.

ADDITIONALLY, I believe that the only way to salvation is through a personal relationship with Jesus Christ, as Lord and Savior. AND, I believe the Bible to be the inspired, the only infallible, authoritative Word of God.

Affirmation of Agreement with this Statement of Faith

I affirm that I personally agree with this Christian Doctrine and that I attempt to conduct my life in accordance with these Truths. While sharing my Christian testimony or beliefs with anyone whom I am attempting to serve under Love INC, I will do so in view of these basic Scriptural concepts.

On the back of this page is a short paragraph of my personal testimony.

 Name (print)

 Signature

 Date

CONFIDENTIALITY AGREEMENT AND BACKGROUND CHECK

- We regard our positions and ministries as a sacred trust and each client as valuable. Therefore, we Do not discuss client matters with those not involved in the helping process.
- All volunteers are required to sign a confidentiality agreement before working with any clients.

I will protect the confidentiality of all individuals who may request service through Love, INC. I agree that I will not disclose or discuss information regarding any client, or client's circumstances, except by permission of the client, to any unauthorized person or persons outside of my sphere of service.

Also, I understand and give permission for Love INC to make a background check on me for the last ten years in Washington State.

 Signed

 Date

