

Son Shine Light House
Transitional Home for Women and Children
Volunteer Application Packet

“Shining the Light of Jesus in a dark and troubled world.”

Thank you so much for your interest and willingness to be the “hands and feet” of Jesus. We are grateful and excited about the work that God is doing in us as well as in the women and children in this ministry. One of our responsibilities is to ensure that we provide a safe and well-rounded program. Our first commitment is to teach them how to begin and develop a personal relationship with God. Many of these women and children have never been exposed to the love of Jesus on a consistent basis.

Although we all bring different gifts and areas of service to the table, it is vital that our staff and volunteers share the same basic spiritual belief system. It is very important that we each have a personal relationship with Jesus in order to minister to the needs of those in our care. We want to teach them to go to Him to get the strength and courage to face life and we can only do that if we are seeking Him ourselves!!

Philippians 4:13 I can do all things through Christ who gives me strength.

Please take the time to fill out this packet as part of the process of becoming a volunteer.

May God richly bless you!!

Mission Statement

The mission of SSLM is to provide a safe, spiritually-enriched transitional home where women and their children are offered a new beginning through a life-changing, personal relationship with Jesus Christ.

Son Shine Light House
Volunteer Application

Personal Information

Volunteer Name: _____ **Date:** _____

Address: _____

Phone: Cell: _____ Home: _____

Business :(if applicable) _____

Email Address: _____

Area(s) of Interest or Expertise

In what areas are you interested in serving? (Please check all that apply)

_____ Transportation Insurance Yes/ No DL# _____

_____ Teacher Subject(s) _____

_____ Office Work

_____ Prayer

_____ Practical Needs

_____ Praise and Worship

_____ Fund Raising

_____ Technical Support

_____ Mentor

_____ Committee Member

_____ Public Relationship

_____ Teaching Life Skills

_____ Art

_____ Childcare

_____ Nutrition and Fitness

_____ Counseling Credentials _____

_____ Other Areas Please list _____

Days and Times Available:

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____
Sunday _____

Can you stay overnight? Yes/No

Special Circumstances: _____

Personal References:

Please provide the names of 3 people you have known at least 2 years. Please include one reference of a person who attends your church. Please note that we need this information since we will have children in our facility. It is for their safety that this information is important.

1. Name: _____
Address: _____ Phone #: _____
How do you know this person? _____

2. Name: _____
Address: _____ Phone #: _____
How do you know this person? _____

3. Name: _____
Address: _____ Phone #: _____
How do you know this person? _____

Have you ever been arrested or convicted of any crimes? _____ If yes, please explain on separate sheet of paper.

Please provide your DL # for the Criminal History Search. _____

Church Affiliation: _____ **How long at this church?** _____

Please tell us about your relationship with Jesus:

What are your religious beliefs?

What is one of your favorite scriptures and why:

Son Shine Light House

Volunteer Covenant

As a volunteer at Son Shine Light House, I understand that the residents will share personal information with me or in my presence. SSLH is a safe haven for women and their children. I will respect the privacy of the residents and will not share private or personal information outside of the Son Shine Light House staff and/or volunteers without the resident's permission.

*Printed Name:*_____

*Signed:*_____

*Date:*_____