



Dear Future Volunteer,

Thank you for your interest in volunteering at Father's Heart Healing Ministries (FHHM).

At FHHM we offer a variety of outreach programs for the community and are always in need of volunteers.

**Before we can receive you on our team, please fill out the following forms in this volunteer package:**

1. Volunteer Application Form
2. Consent & Confidentiality Agreement
3. Statement of Faith
4. Volunteer Police Information Check Letter (CPIC and VSV)
  - A. Applying for a NEW CPIC and VSV for our organization:
    - please date form and check off both boxes - CPIC and VSV
    - take the signed letter to your local police station
  - B. Already have a police check on file at another organization and was issued within 2 years:
    - please fill out the "Vulnerable Sector Verification Letter", have it signed by your Supervisor/Employer
    - attach a copy of your police check
5. Pastor/ Leader Referral Form (this form only needs to be completed if you are applying to be on the Healing Rooms or Intensive Care teams).
  - if you do not have a pastor or leader to whom you are accountable, please leave the form blank and we will discuss with you at your interview.

Please return all the above forms. Once we review your application, you will be contacted and an interview will be set up.

The purpose of the interview is to get to know you and learn more about the areas of the ministry in which you would like to serve.

For example:

- Healing Rooms
- Intensive Care
- Beauty for Ashes Transformation House
- Oil of Joy Transitional Housing
- Administration, Workshops, etc.

*\* Please note, FHHM Leadership reserves the right to accept or deny volunteer/ staff applications at our discretion.*

We look forward to meeting you!



# Father's Heart Healing Ministries

P.O. Box 912 Arthur, ON N0G 1A0 • 519-848-3223 • www.fhfm.org

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
#, Street, P.O. Box  
City Province Postal Code

Phone # (Res.): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (optional): \_\_\_\_\_

Spouse's name (if applicable): \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Commitment/ Availability to FHFM: \_\_\_\_\_

What area(s) of FHFM interest you as a volunteer? \_\_\_\_\_

Special Training and/ or experience: \_\_\_\_\_  
\_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Personal Skills & Talents (i.e. singer, musician, computer capabilities, trade, etc.): \_\_\_\_\_  
\_\_\_\_\_

Current Employment (if applicable): \_\_\_\_\_

Educational Background: \_\_\_\_\_

Previous experience with children, seniors or other vulnerable persons \_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

For how long? \_\_\_\_\_ What did you do? \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Please list 3 references who have know you for a minimum of 2 years. Preferably professional such as an employee, previous volunteer supervisor, Pastor, cell group leader, teacher, etc. (NOT a relative.)  
**Reference Forms are emailed, please write clearly.**

1. \_\_\_\_\_  
Name Affiliation

\_\_\_\_\_  
Email Address

2. \_\_\_\_\_  
Name Affiliation

\_\_\_\_\_  
Email Address

3. \_\_\_\_\_  
Name Affiliation

\_\_\_\_\_  
Email Address

Complete this section only if applying to volunteer on the Healing Rooms or Intensive Care Ministry Teams:

Born Again \_\_\_\_\_ +/- years      Baptized in the Holy Spirit \_\_\_\_\_ +/- years

Home Church/ Cell Group: \_\_\_\_\_ Phone #: \_\_\_\_\_

If Ordained/ Licensed Minister, Affiliation: \_\_\_\_\_ Ordained Date: \_\_\_\_\_

Upon successful completion of the application process, a Criminal Background Check & Vulnerable Sector Verification is required prior to volunteering. FHHM will provide you with a letter to take to your local police. Typically, they require 2 forms of identification and a small fee may requested. Please contact your local police station for information you will need to successfully complete the check.

If you are age 16 years and under, a completed and signed Parent/ Legal Guardian Form must accompany your application. You are NOT required to complete a Criminal Background Check & Vulnerable Sector Verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## FHFM CONSENT & CONFIDENTIALITY AGREEMENT

Name of Employee/ Volunteer: \_\_\_\_\_

I acknowledge that during my employment/ volunteer work with FHFM, I may have access to personal information and personal health information about the guests who attend FHFM programs, their families and other employees/ volunteers which is of a private and confidential nature.

- Therefore, I do NOT discuss anyone's confidential personal information, with the exception of FHFM Leadership.
- At all times I will respect the privacy of our guests, their families and other employees/ volunteers/ agents.
- I will treat personal information and personal health information about our guests, their families, and other employees/ volunteers as confidential information. I will ensure that private and confidential information is not inappropriately accessed, used or disclosed by me.

I understand that violation of privacy and confidentiality may include but are not limited to:

- accessing personal information or personal health information that I do not require for work/ volunteering purposes
- misusing or disclosing personal information or personal health information (verbally, through the computer system or in hard copy) without proper authorization
- altering personal information or personal health information of our guests and or other employees/ volunteers

**THIS SECTION SPECIFIC FOR HEALING ROOMS, INTENSIVE CARE & OTHER FRONT-LINE MINISTRY:**

I, understand that Healing Rooms, Intensive Care and other front line ministry is not a counselling ministry and I do NOT provide counselling of any kind. I agree that I will not give medical or nutritional advice.

Example of nutritional advice would include but not be limited to:

- What vitamins to take
- What types of natural remedies to take
- What types of diets, food or supplements to eat

I encourage people to see their own Doctors/ Counsellors and to continue taking their medications until their medical professionals have released them. In the event that a guest should talk about or mention getting off their medications, I will encourage them not to stop taking their medication without their Doctor's approval. This communication needs to be documented on the person's ministry sheet or brought to the attention of FHFM Leadership.

When giving a prophetic word I will not give specific names, dates or time frames.

If I am in a situation where any of the above policies have been violated by a team member, I need to graciously correct the situation or notify one of the FHFM Leaders.

I will only access and use private and confidential information as required by the duties of my position.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with FHFM.

I understand that if any of these conditions are breached, I may be subject to disciplinary action that may include termination of employment/ volunteering.

I understand that I will not be allowed to volunteer until a signed and dated copy of this document has been received by the Director.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dear Pastor / Leader:

We at **Father's Heart Healing Ministries** would like to have more of God's Saints on our Team. We need volunteers in several areas: Helps Team, Office Staff, Intercessors, Ministry Team, Trainers, Administration, etc.

We wish to be as inclusive as possible. However, we are aware that there are different levels of consecration and maturity required for each of these areas of responsibility. Putting someone in the wrong place at the wrong time can be injurious to the volunteer, the ministry, and possibly to those who come to receive ministry.

We have a multiple level training program for those who desire to be on our ministry prayer team. This allows for a safe training period. Those who desire to join the Ministry Team will be closer to the front lines. As a result, they may come under additional attention of the enemy. Therefore, it is very important that they are on a solid foundation of faith, and that no serious character or sin issues are present. We believe it is crucial that they be covered under the authority of the local church.

The local church will benefit greatly as these volunteers get steeped in the Word of Healing and practice the word of ACTS not just here in the Healing Rooms, but also in their respective home churches as they are released to do so.

Can you please help us with the following survey of the person identified below?

\_\_\_\_\_ of \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name City, Province

Does this person attend regularly at your church? YES / NO (Circle one)

Has this person fellowshiped at your church long enough for you (or those you trust) to have developed some insight into their character? YES / NO (Circle one)

Does this person have a healthy respect for authority? YES / NO (Circle one)

Does this person have a healthy attitude toward the Church? YES / NO (Circle one)

Have you or if needed, would you release them into one or more of the following areas of your church ministry?

**Please circle one or more of the following :**

**Helps Ministry (Maintenance – Office)**

**Helps Ministry (Hospitality –Greeting)**

**Intercessory prayer (Behind the scenes)**

**Intercessory prayer (Frontline Team Ministry)**

**Ministry Team / Trainee**

**Ministry Team Leader / Trainer**

**Retail (Cafe, Bookstore, Boutique)**

**Beauty for Ashes Transformation House (BATH)**

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Affiliation (Church) \_\_\_\_\_

Phone # \_\_\_\_\_

(Please attach additional sheet for comments)



### **Statement of Faith**

1. We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
2. We believe the Bible to be the inspired, infallible and authoritative Word of God.
3. We 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, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory.
4. We believe that God is a loving Father who has made provision for salvation to every person on earth through the sacrifice of His Son, Jesus Christ.
5. We believe that eternal salvation of lost and sinful people is only by the grace of God through faith in the shed blood of Jesus Christ and that regeneration by the Holy Spirit is absolutely essential.
6. We believe in the present ministry of the Holy Spirit, that only by the indwelling of the Spirit can a Christian be enabled and empowered to live a godly life.
7. We believe in the resurrection of both the saved and the lost; they that are both resurrected either to eternal life in heaven or eternal damnation in hell.
8. We believe in the spiritual unity of the body of Christ as believers who acknowledge Jesus Christ as their spiritual head.

*I, \_\_\_\_\_ agree with FHHM's statement of faith and I am willing to abide by all of the policies of FHHM.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

 **Father's Heart Healing Ministries**

101 George Street, P.O. Box 912 Arthur, ON N0G 1A0 • admin@fhhm.org • 519-848-3223 • www.fhhm.org

**PARENT/ LEGAL GUARDIAN CONSENT FORM**  
(For volunteers 16 years and under)

This is to certify that my child \_\_\_\_\_ is offering services to Father's Heart Healing Ministries (FHHM) on a voluntary basis with full consent and knowledge.

My child has no serious physical or emotional disability which could interfere with these voluntary activities.

In case of emergency or accident, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If unable to contact the above person(s), FHHM has my permission to initiate appropriate emergency medical procedures.

Health Card # \_\_\_\_\_

Pertinent medical information (i.e. allergies to medications, wears a medic-alert bracelet, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Parent/ Legal Guardian (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Although it is not a requirement, we strongly encourage parents & guardians to become familiar with FHHM and the ministries we offer to the public.*