



For Office Use:

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Donor Perfect \_\_\_/\_\_\_/\_\_\_

Assigned Staff \_\_\_\_\_

Follow-Up \_\_\_/\_\_\_/\_\_\_

## Dove Harbor Ministry Application

Today's Date: \_\_\_\_\_ Date you can start: \_\_\_\_\_

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

Maiden Name or Preferred Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Email: \_\_\_\_\_ Birthday \_\_\_\_\_

Have you ever been a resident at Dove Harbor?  Yes  No

Prior Skills / Training: \_\_\_\_\_ Availability: \_\_\_\_\_

### I am interested in:

- Administrative tasks
- Childcare
- Cleaning
- Community Service/CWEP
- Cooking/Food Prep
- Fundraising
- Maintenance/Repair
- General Volunteering
- Other: \_\_\_\_\_

### Personal Background

*\*If you answer yes to any of the following questions, please explain. Attach an additional page if you need more space for explanation.*

Have you ever as an adult or juvenile been convicted of any offense against the law? (You may omit minor traffic violations.)

If yes, please explain.  Yes  No

Have you ever as an adult or juvenile been accused, charged or alleged to have committed any act of neglecting, abusing, or molesting any child?

If yes, please explain including dates, places and details of such incidents.  Yes  No

Have you ever as an adult or juvenile been concerned or questioned by another person that you may have an addiction to drugs, alcohol, pornography, or any other addiction?  Yes  No

Are there any physical or psychological limitations that may impair or hinder your ability to serve in this ministry?  Yes  No

## References

**Personal** – Someone you've known for more than 3 years (non-relative)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Work** - present employer, supervisor, or **Professor/Teacher** (if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Position you hold: \_\_\_\_\_

**Work** - former employer (supervisor)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Position you held: \_\_\_\_\_

How did you hear about Dove Harbor?  Internet search  Website (DH/MPC)  
 Facebook  Private Club/Organization  Friend/Family  Church  Other \_\_\_\_\_

## Authorization

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed to reveal any information that they may possess regarding my character and fitness for ministry work. In consideration of the receipt and evaluation of this application by Dove Harbor, I hereby release any individual, church, reference, or any other organization, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive my right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the bylaws and policies of Dove Harbor, and to refrain from unscriptural conduct in my performance of my services on behalf of this ministry.

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

\*\*Please bring a picture ID with you so that we can make a copy to keep with your application.

**Broadway Ministry Center**  
**1400 Broadway**  
**Anderson, IN 46012**

CONFIDENTIALITY STATEMENT

Volunteer service is a wonderful way to express our talents and God-given gifts. We are so glad you are choosing to serve together with us. Because we value the safety and confidentiality of our residents and clients, we take every precaution and effort to make our building a safe environment.

I, \_\_\_\_\_, acknowledge that all information regarding Broadway Ministry Center including but not limited to:

- Dove Harbor residents, including situations, discussions, evaluations, reports, charts, staff meetings, mail, or medical records
- Madison Park Church of God, including situations, staff, congregants, discussions, reports, charts, or mail
- Miriam Project clients, including situations, discussions, evaluations, reports, charts, staff meetings, mail, or medical records
- Linville Counseling Services clients, including situations, discussions, evaluations, reports, charts, staff meetings, mail, or medical records

are confidential and the property of the respected ministries.

I understand that program materials, business practices, budgets and financial reports, policy manuals and procedural publications are also confidential and the property of the respected ministries located at Broadway Ministry Center.

I acknowledge and hereby state that I am not authorized to share or discuss any of the above to anyone outside the respected ministries staff, unless given special permission by the Director.

To protect your confidentiality and safety, in compliance with federal, state and local laws, as well as Biblical guidelines, safeguards to maintain confidential information given in this application have been strongly established. All information given is maintained securely on the premises, under lock, and is accessible only to our staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date