

# Shepherd of Hope Christian Chat and Chronic Illness Support Volunteer Interest Sheet

Please Print and fill in completely - Be sure to sign the form and return!

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

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

Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Briefly explain why you would like to be a volunteer for Shepherd of Hope: \_\_\_\_\_

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Briefly explain what you could contribute to this ministry: \_\_\_\_\_

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My areas of interest within this ministry are: (check all that apply)

## People

- Hosting a chat       Greeter (Greeting people as they enter the room)
- Encouraging others       Commit to a monthly donation of \$ \_\_\_\_\_
- Sunday Praise & Worship Leader       Morning Prayer and Praise Leader
- Praying (Daily going to Prayer Page)       Prayer Warrior (Ministry Needs & Prayer Page)
- Caregiver/spousal support areas       Parenting with a chronic illness support areas

## Administrative

- Editing     Typing     Database     Spreadsheets     Other \_\_\_\_\_
- Having a leadership role/coordinator     Other \_\_\_\_\_

## Public Relations

- Spreading the word/marketing       Fund-raising / Donations
- Administrative       Card Ministry/ Thank you's and Encouragement
- Advertise Your Approved Business of Website (\*see Shep for rates)

## Writing

- Writing devotionals     Research / collecting information     Web Development

Do you have an illness or disability?\* \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

Do you work with others who have an illness or disability?\* \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

*\*This is only asked to ensure that we maintain a representation of volunteers from this community. It is not required.*

### **Professional Information**

What is the profession and professional title with which you most identify yourself? \_\_\_\_\_

Are you now, or have you ever been degreed or licensed in counseling or professional/medical advisor to persons with medical or mental issues? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please describe \_\_\_\_\_

Education &/or professional associations (include any leadership experience) that would apply to Shepherd of Hope area of service. \_\_\_\_\_

What experience, expertise or special skills do you possess that will make you an effective volunteer? (Please list anything you feel is applicable.) \_\_\_\_\_

**Date Available to Begin:** \_\_\_\_\_

Amount of hours you feel that you can comfortably commit to: \_\_\_\_\_ per month OR \_\_\_\_\_ per week.

### **How did you become interested in volunteering for Shepherd of Hope Ministry?**

- Website \_\_\_\_\_
- Through another ministry \_\_\_\_\_
- Referral from \_\_\_\_\_
- Other \_\_\_\_\_

### **The Technicalities - VERY IMPORTANT!**

Please read our **Statement of Faith** (on page 3)

Do you agree with **Shepherd of Hope's** statement of faith? \_\_\_\_\_ yes \_\_\_\_\_ no

Please read our **Belief on Healing** (on page 3)

Do you agree with Shepherd of Hope's Belief on Healing? \_\_\_\_\_ yes \_\_\_\_\_ no

**By signing this form I am acknowledging that I understand that at no time while volunteering for Shepherd of Hope Ministry will I be giving any professional advice or medical advice.**

- Yes, I understand that **I will not be giving professional or medical advice.**
- No, I do not understand that I will not be giving professional or medical advice.

By submitting this application to Volunteer, I am acknowledging that I understand that Shepherd of Hope Christian Chat and Chronic Illness Support Ministry has advised me to NOT distribute my home telephone number or home mailing address to anyone I am in contact with on behalf of Shepherd of Hope Ministry. For my own privacy and safety, I will always refer people to Mary (Shep) Wilson, via the address provided at the website.

\*\*\*Please understand that not everyone who desires to volunteer will be accepted. If you are not selected at this time, please do not be offended - we will use all volunteers who meet the requirements as time and need allows!

Are there any other comments/suggestions that you would like to make? \_\_\_\_\_

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Following our receiving this application, we will review it and then send you a Volunteer Introduction Packet. You will be asked to review the *Policy & Procedure Manual*, sign and return it before you begin as a volunteer.

Thank you so much for volunteering to assist our ministry. It's because of people such as you that we will begin to read out into the world to help those with Chronic Illnesses who are seeking a place of worship and fellowship.

Our founder, \*Shep\*, is a full-time volunteer and who lives with fibromyalgia, myofascial syndrome, interstitial cystitis, anxiety and depression.. This online ministry is an outreach the Lord has called her to and she appreciates your help and looks forward to the time when we all celebrate and praise what the LORD will do through Shepherd Of Hope Christian Chat and Chronic Illness Support!

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## **STATEMENT OF FAITH**

- \* We believe that the Holy Bible is the inspired, infallible, and authoritative source of Christian doctrine and precept.
- \* We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- \* We believe that man was created in the image of God, but as a result of sin is lost and powerless to save himself.
- \* We believe that the only hope for man is to believe on Jesus Christ, the virgin-born Son of God, who died to take upon Himself the punishment for the sin of mankind and who rose from the dead so that by receiving Him as Lord, man is redeemed by His blood.
- \* We believe that Jesus Christ in person will return to earth in power and glory.
- \* We believe that the Holy Spirit indwells those who have received Christ for the purpose of enabling them to live righteous and godly lives.
- \* We believe that the church is the body of Christ and is composed of all those who through belief in Christ have been spiritually regenerated by the indwelling Holy Spirit. The mission of the church is worldwide evangelization on the one hand and the nurture and discipline of Christians on the other.

## **BELIEF ON HEALING**

- \* We believe that healing is taught in the gospels and in the writings of the Apostles to the Churches.
- \* We believe that God still heals today, both supernaturally and naturally.
- \* **Every good gift and every perfect gift is from above, and comes down from the Father of lights. James 1:17 (NKJV)**
- \* We believe in ministering to the sick.
  - In Matthew 25:31-46 Jesus reveals a future judgment.
  - In this judgment Jesus says **"I was sick and..."**
  - Of the blessed who inherit the Kingdom, Jesus says, **"...You visited me."**
  - Of the cursed who depart from Jesus, He says, **"...You did not visit me."**
- \* We note that:
  - Jesus identifies with the sick person.
  - Jesus does not say, "I was sick and you healed me"**
  - Jesus does not say, "I was sick and you rebuked me for my lack of faith."**
  - Our job is to minister.
- \* We believe that many Christians who are living with chronic illness still wish to be used of God for the furthering of His kingdom. You are not less able to reach out to others in need (outside of the limitations of your illness). For this reason, we believe that all who come here have a ministry — whether it is listening, caring, sharing or giving. YOU are not less of a Christian because of your physical condition.

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_