



Love INC
Love In the Name of Christ
OF LANCASTER COUNTY

Faith Alignment Declaration

The Apostles' Creed

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.
He descended to the dead.
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 catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting.
Amen.

Does your personal understanding of God align with this ancient statement of faith?
 Yes No

If No, please explain:

Love INC Statement on Scripture

Love In the Name of Christ identifies only the Old Testament* and the New Testament, commonly known as the Bible, as Holy Scripture. Love INC acknowledges, as do Christian churches of all traditions, that the canon is closed, thereby excluding any additional writings from the past or present.

*Love INC recognizes that the Old Testament canon is defined differently among Protestants, Catholics, and Orthodox. Nevertheless, all three traditions hold that Scripture consists of the Old and New Testaments, and the canon is closed.

Does your personal understanding of Scripture align with Love INC's?
 Yes No

If No, please explain:



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Promise of Confidentiality

I understand that in the course of my volunteer capacity with Love In the Name of Christ, I will have access to confidential information regarding the individuals and families I am serving. I pledge to hold all information gained about this family in confidence and protect the right to privacy of these individuals and families.

I understand that the people being served have agreed that information may be shared between Love INC and churches or agencies that may be able to assist them.

In agreement to the HIPPA law, I agree to never disclose any medical information regarding the family unless given written permission from the family.

Date: _____

Name: _____
(Please print)

Church: _____

Signature: _____



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Volunteer Application

Personal Information

Name (First) (Middle) (Last) Birth Month/Day

Ms. Mrs. Mr. Rev. Dr. Other Preferred

Nickname

Street Address Apartment Number

City State Zip Code

Home Phone Number Business Phone Number Other Phone Number

I prefer to receive calls at: Home Business Other

E-mail Address

Emergency Contact Name Telephone Number Relationship

Church Information and Reference

Church Name Denomination

Pastor's or Church Leader's Name Phone Number

Volunteer Information

How did you learn about this volunteer opportunity?

When are you available (dates and times)?