



Thank you for expressing interest in our One to One Support program here at New Hope. We hope the information provided below will help you discern if this is a program you feel God is calling you to volunteer in.

### **Expectations for a One to One Partner:**

- A One to One is a person with the gift of mercy, who shows compassion, gives encouragement to, and intercedes for those he or she cares for. They trust God to provide courage and love to their care receivers.
- A One to One partner completes all of the training for the One to One course, before meeting with a care receiver. After completing the training, he or she engages in continuing education.
- A One to One partner will commit to meeting their care receiver once a week and commit to meeting with their supervision group once every two weeks.

When you have completed your training, you will be equipped and confident to bring God's healing love to those who are experiencing crisis, stress or just need someone to come alongside them through a difficult time in their lives. Training will begin on Thursday evenings, with the exact date to be determined, depending on the timing of the applications. The training focuses on God as the one who cures as we do the caregiving. Over the next few weeks, one of the leaders will be in touch with you to help answer any questions you may have. Pray about this opportunity! Let's see what God is going to do in your life and those who will receive care from you.

General guidelines for all adult ministry volunteers at New Hope Community Church:

1. An active participant of New Hope for a minimum of 3 months and a follower of Jesus.
2. Agreement to reflect the Core Values of New Hope.
3. Must be approved by the ministry leader and registered as a volunteer.
4. Complete the individual ministry training process.
5. Agree to and abide by New Hope confidentiality statement
6. Evidence of being a follower of Jesus, in a growing relationship with Him.
7. A consistent pattern of Bible reading and prayer reflected in lifestyle.
8. Be willing to have a police check



# ONE TO ONE APPLICATION

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

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

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

1. Describe why you are interested in becoming a One to One partner.

2. What spiritual gifts, strengths or experiences do you believe God has given you that would help you serve effectively as a One to One partner?

3. Based on your current understanding of what it means to be a One to One partner, what do you think would be difficult or challenging aspects of this role for you?

4. How would people who know you describe the way you relate to others?

5. Briefly describe your relationship with Jesus.

6. Are you willing to commit to being a One to One partner for a period of no less than two years? This includes the initial 20 hours of training, regular visits with your Care Receiver and a Small Group Peer Supervision meeting twice per month.

Yes:

No:

What changes would you need to make in your life in order to fulfill this commitment?

7. Have you ever trained and served as a counsellor or Leader at another church?

Yes:                      No:

If yes please include the name and number of a pastor/leader we can contact:

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

8. Do you have any previous life experience that may be relevant to your application and role as a One to One Partner? Have you ever received treatment for any emotional or psychiatric problems or alcohol/substance abuse or ever been convicted of a crime?

If yes, someone from the Leadership team will speak with you so we can better understand its significance in your life and ministry. Many Partners have a strong ministry because of the care they themselves have received. We affirm the work of mental health professionals who help many individuals to experience growth and healing. We request this information so we can be fully informed of your life experiences.

9. Please provide two references, at least one from outside the church.

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

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

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

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

Please read and sign below:

The information I have provided in this application is true and complete to the best of my knowledge. I agree to participate in One to One training, in Small Group Peer Supervision and to function within the boundaries of One to One at New Hope. I give permission for New Hope to call my references, review a police background check on me, and consult with the treating physician(s) or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

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

Please return your completed application in an envelope to New Hope. Application forms and envelopes are available at the Information Centre. Thank you for completing this application!