

Gospel Rescue Mission of Tucson
T.E.A.M.
Together Everyone Achieves More
Volunteer Application

Personal Information:

Tour Date:

Name:	Phone:
E-mail:	Cell Phone:
Address:	
Speak Spanish? No Some Conversational Fluent	

Interest: (please circle all that apply)

Guest Services Runner Dining Room Kitchen Housekeeping/Janitor Maintenance Landscape/Gardening Safety/Security Special Events

**The following positions require a Background Check:* *Driver *Teaching *Childcare/Tutor *Case Manager *Chaplain *Shelter/Office Support

Availability: (please check all that apply)

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____ **Time Available:**

Employment

Current Employer:		
Occupation:	May we call you at work?	What hours do you work?

Health History

Do you have any physical limitations? (if yes, please explain)
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Recovery History: (As a Volunteer candidate, there may be additional information required due to the nature of our ministry.)

Have you been treated for or abused chemical, alcohol or any addictions? (if yes, please explain)

Legal History

Have you ever been arrested? (if yes, please explain)
Have you ever been convicted of a felony or misdemeanor? (if yes, please explain)
Have you ever engaged in child molesting or abuse? (If yes, please explain)
Have you ever been charged with child neglect or abuse? (If yes, please explain)

Church Affiliation:

What Church do you attend? _____ How Long: _____
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PLEASE read and sign:

I understand I am volunteering my time at Gospel Rescue Mission and have no legal claim to wages, overtime premiums, unemployment compensation or benefits of any kind other than spiritual fulfillment which has no monetary value. I verify that all statements are true and accurate and do hereby release the Gospel Rescue Mission and all of its employees, officers and directors from all liabilities of whatsoever type or nature regarding my volunteerism for their organizations.

Signature: _____ Date: _____



Gospel Rescue Mission

T.E.A.M. = Together Everyone Achieves More

STATEMENT OF RISK AND CONCERN

Volunteer Partner

The Gospel Rescue Mission of Tucson is concerned for the health, safety, and welfare of our staff, guests and students, and volunteer partners. We invite you to join in this concern by offering suggestions, reporting and commenting whenever you believe these will aid or enhance the health, safety and welfare of all the guests and students, staff, and volunteer partners. Please exercise your best judgment and please be considerate and understanding to our complex situation with our guests and students.

Employees and Volunteer partners are often exposed to communicable illnesses common to young children, from minor illnesses to those more significant. It is often difficult to obtain complete or accurate health histories of our guests and students, or any of the guests we serve at an event. As a result, it may be difficult or impossible to assess the risk of exposure to illnesses from any particular person. Most of our guests and students have experienced the effects of poverty and they may have received inadequate health care in the past and be at higher risk than the general population for exposure to serious communicable illnesses, such as, TB, AIDS, venereal disease, hepatitis, and CMV (a virus that could affect an unborn child), etc.

Statement of Confidentiality

I, _____, agree that upon acceptance as a volunteer partner at the Gospel Rescue Mission, I will follow established policies and procedures of GRM including maintenance of the confidentiality of the identity and circumstances of the Mission guests and students.

Volunteer Signature and Date

Release of Liabilities

I, _____, have read the statement of Risk and Concern (above) and release the Gospel Rescue Mission, its employees, officers, and directors of any and all liability arising out of my volunteer work at the Mission. I specifically waive any or all rights I may have to sue the Mission for damages if I contract any illness, injury or death in the course of my volunteer work.

Volunteer Signature and Date

Witness and Date



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Volunteer Policies/Guidelines

Confidentiality - The identity of guests & students met at the Mission; and any specific information about them is confidential information. It is expected that Volunteers will not identify guests or students or former residents of the Mission or to discuss their circumstances with other individuals. No pictures or videos may be taken of the guests or children (without staff approval and release forms).

Schedule - Volunteer will be assigned specific responsibilities and time commitment to be mutually agreed upon by the volunteer and Supervisor. Volunteers are a viable and necessary part of the ministry team and it is expected that all Volunteers will report for duty as agreed upon. Please arrive before your scheduled time. In the event of an emergency, illness, or vacation please call as soon as possible (24 hour notice would be much appreciated) informing the Supervisor of the emergency.

Providing Assistance to Clients - If a client requests assistance from you or informs you of a need please notify the Supervisor and encourage the guests or clients to do so as well. GRM Staff members work with the guests & students to secure needed resources in the community, and this procedure will prevent duplication of efforts and any safety issues.

Visitors – Visitors are welcome to come to the Mission for a tour if advance arrangements are made. Visitors should not accompany Volunteers during their regular shifts. If an individual is interested in volunteering, they must first complete the Mission tour and go through the volunteer partner application process.

Gifts – Volunteers are asked to not ask for nor receive any donation for personal needs from the Distribution Center. Donations are given to the Gospel Rescue Mission for the use of families that are in need coming to Community Ministries for assistance. Please honor this request with regard to donations to the Mission.

Clothing – Volunteers are in leadership positions while partnering with the Mission and have opportunity to model appropriate behavior and manner of dress for the guests & students. Clothing should be clean, neat, and modest.

Smoking: Smoking may only happen within designated areas. If you drive a Mission vehicle as part of your job duties, you may not smoke in these vehicles

Drugs/Alcohol – Our desire is to create a safe environment for our clients and staff. Therefore, if there is suspicion that you are under the influence of drugs or alcohol while you are volunteering on site, we reserve the right to conduct a drug or alcohol test. This test will come back positive due to marijuana is still illegal on the federal level and we are a drug-free Shelter.

Allowing Clients to Call you or Move into Your Home - Please do not give your phone number or invite a guest or student to visit you or move into your home. Please bring this to the attention of the GRM Supervisor.

Transportation: Please do not agree to transport a guest or student of the Mission unless you are assigned by your GRM Supervisor and is part of your official duties and you are on the GRM insurance.

Restrictions: As a volunteer of the Gospel Rescue Mission, I understand the importance of certain restrictions for my protection as well as the protection of those I am serving. I understand that GRM wishes to provide a safe & healing environment and I chose to do my part to keep it that way.

Boundaries: I choose to keep myself above reproach and be a Christ-like example to all. I will do only what is assigned to me by my supervisor & stay in my work area. I will not roam around the event or be alone with any guest or student. I will refrain from physical contact of any kind.

Counseling: I choose to follow the structure of the volunteer program by refraining from giving individual counsel, advice or prayer unless the Supervisor is made aware and agrees.

Volunteers Signature _____ Date _____

Supervisor Signature _____ Date _____



Gospel Rescue Mission Tucson and the Grace-Based Process

A foundational aspect of Gospel Rescue Mission, Tucson, is the Grace-Based process where homeless residents, staff members and volunteers participate in a journey of personal growth.

It is our goal to maintain a safe, healing environment that encourages continued life-change from new believers in Christ to seasoned Christians. This environment should promote authentic relationships where people can admit failure and celebrate success together.

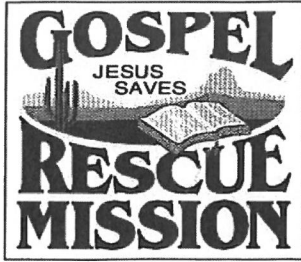
The Grace Process focuses on the scriptural principles of finding our Identity in Christ, holding to a Standard of Christ-likeness, welcoming Complete Accountability for all behavior – especially matters of the heart, and the Self-Evaluation of one's own choices. Because every volunteer will, at times, deal directly with our guests, an understanding of equality in human value is essential. While volunteers may have a higher level of responsibility and authority, they have equal accountability to treat others in a Christ-like manner.

By becoming a volunteer or a staff member of the Gospel Rescue Mission, a person agrees that they will:

1. Participate in cooperation with the Grace-Based Process
(Identity in Christ, Standard of Christ-likeness, Accountability, Self-Evaluation)
2. Follow Matthew 18 guidelines as we respond to and speak the truth in love regarding behavior both in one-on-one settings and in self-evaluation groups.
3. Lead by example and invitation rather than by control and demand.

I have read the above information and have asked any questions necessary to agree to these expectations.

Signed _____ Date _____



Release of Information Background Check Authorization

I, hereby authorize the Gospel Rescue Mission of Tucson, to obtain information which might be relevant to my fitness to be a volunteer partner. I understand that the information sought will relate to issues surrounding my capacity to become a volunteer partner. I understand information will be obtained from a variety of sources, which may include, but are not limited to: law enforcement agencies, social service agencies, child protective services, employers, and other agencies or individuals who may have knowledge pertaining to my capacity to become a volunteer partner. The information obtained shall remain confidential.

Volunteer Last Name: _____

First: _____

Middle: _____

Present Address: _____

City/State/Zip: _____

Social Security Number*: _____

Driver's License Number: _____

Date of Birth: _____ Gender: _____

Professional License Number: State: _____ Type: _____ Number: _____

**Your SS# will be eliminated/deleted once your background check is complete.*

Applicants Signature

Date

Witness

Date

