

**Application for:**     URM  Hope Gardens  
(mark all that apply)

**Date** \_\_\_\_\_

**Contact Information** (please type or print clearly)

Name \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ Birth date\* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Group/Church Name \_\_\_\_\_

*\* If volunteer is under 18, a parent/legal guardian's signature is required.*

**Skills/Interests** (mark all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Food service                | <input type="checkbox"/> Housekeeping   | <input type="checkbox"/> Artistic Skills                |
| <input type="checkbox"/> Office/Administration       | <input type="checkbox"/> Special Events | <input type="checkbox"/> Gardening                      |
| <input type="checkbox"/> Teaching a Class            | <input type="checkbox"/> Musical Skills | <input type="checkbox"/> Socializing with Senior Ladies |
| <input type="checkbox"/> Electrician/Mechanic        | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Tutoring Youth or Adults       |
| <input type="checkbox"/> Beauty/Wellness             | <input type="checkbox"/> Worship Leader | <input type="checkbox"/> Residential Assistance         |
| <input type="checkbox"/> Construction/Repair/Painter | <input type="checkbox"/> Photography    | <input type="checkbox"/> Other _____                    |

**Availability**

Please specify if there are certain times that you are consistently available and would be open to be contacted when volunteer opportunities arise.

	To	From
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Emergency Contact(s)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

# VOLUNTEER AGREEMENT FORM

## HARASSMENT

Union Rescue Mission (URM) will not tolerate any form of harassment (verbal or physical), exploitation or intimidation of any nature from volunteers, interns, staff members, program participants or guests.

An allegation of sexual or other harassment will be treated seriously, and a thorough investigation will be conducted. A volunteer who files a complaint will be treated fairly and courteously at all times.

## FRATERNIZATION

Our Mission is home to the Christian Life Discipleship Program (CLDP) for men and Second Step programs for women. We are also a shelter for homeless men, women and children. Please maintain a friendly but respectful and professional interaction with our guests and residents. Do not assist any guest or resident with money, medication, gifts or transportation. Do not give out personal contact information, including email addresses or phone numbers. Should a guest or resident request to contact you personally, please report to the Director of Volunteers. Please be sensitive to the personal space of our guests and residents (men, women and children). Ask permission before touching any guest or resident for any reason. Any inappropriate relationship between our residents and volunteers will be grounds for termination.

## DRESS CODE

- Administrative volunteers may wear casual clothing appropriate for a professional business environment.
- Food Services volunteers must wear closed-toe and closed-heel shoes and long pants (no capris or crops). Wear clothes you are comfortable moving in and don't mind getting a little dirty!
- URM volunteers **may not** wear shorts, miniskirts, shirts that expose the midriff, strapless, tank or sleeveless tops, clothing with drug, alcohol or sexual references, or any clothing that is tight or transparent.

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

Print Name \_\_\_\_\_

# **VOLUNTEER AGREEMENT & LIABILITY RELEASE**

I wish to volunteer for Union Rescue Mission ("URM") or its affiliate Hope Gardens (together with URM, the URM Group). I agree and release the URM Group as follows:

I have read, understand and will observe the URM Volunteer General Information and Policies.

I recognize that as a volunteer I represent URM to the public. I accept responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when participating as a URM volunteer.

I agree to maintain the confidentiality of all volunteers, clients, guests, residents and donors about whom I have personal or identifying information.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. I will maintain an atmosphere of physical and emotional safety for everyone associated with URM including but not limited to employees, volunteers, clients, guests, residents and visitors.

I acknowledge that URM is an organization assisting vulnerable men, women and children. I hereby confirm, represent and warrant that I have never been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection herewith.

I understand that my activities as a volunteer may include but are not limited to (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations and (d) other potential risk of injury. Should I voluntarily use my own means of transportation for URM-related purposes, URM is not liable. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against the URM Group.

I hereby release the URM Group, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from all actions, claims, suits or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a volunteer.

I also irrevocably grant to the URM Group, its assigns and successors, my consent and full right to use my name, photo, likeness and written feedback in any and all media, publications, advertising and publicity. I grant permission to be filmed or taped by the URM Group or the news media.

I understand that I must provide a Live Scan to volunteer more than one time at the Union Rescue Mission or Hope Gardens.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

**Volunteer Signature\*** \_\_\_\_\_

**Date** \_\_\_\_\_

*\*For volunteers under 18, a parent or legal guardian's signature is required*

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_