

Volunteer Application

1. Please print your answers on all three pages, then sign and date.

2. Return this form to the location you select below.

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Birthdate: _____

Email: _____

Church Affiliation: _____ Pastor: _____

Business Affiliation: _____ Occupation: _____

Emergency Contact Name/Phone (optional): _____

Volunteer Experience: _____

Hobbies, Skills, Interests: _____

Why are you interested in volunteering at one of our R3M locations? _____

Are you required to have volunteer hours? Yes / No If yes, by whom? _____

Volunteer Services Preferred

Preferred Schedule

Days of Week: _____ Times of Day: _____

Location Selected

Please check the location at which you would like to volunteer:

___ **City Rescue Mission of Saginaw**

1021 Burt Street • PO Box 548 • Saginaw MI 48606 • 989.752.6051

___ **Community Village of Saginaw**

3200 Hospital Road • Saginaw MI 48603-9622 • 989.792.2717

___ **Good Samaritan Rescue Mission of Bay City**

713 Ninth Street • PO Box 613 • Bay City MI 48707-0613 • 989.893.5973

___ **Thrift Store of Saginaw**

4150 State Street, Green Acres Plaza • Saginaw MI • 989.498.4088

Policies & Procedures

Rescue Ministries of Mid-Michigan (R3M) is an interdenominational Christian ministry. We attempt to maintain a Christian environment according to our statement of faith for everyone's benefit. We ask that all volunteers refrain from expressing views that are contrary to our statement of faith, and that all refrain from entering into theological discussions with guests/clients of the mission. We have established policies to make the mission a safe environment for all. Following these procedures will help your volunteer experience to be enjoyable and rewarding.

By signing below, I understand that some volunteer activities may pose a risk of injury. I understand and acknowledge that the injuries I might sustain may result not only from my own actions, but also may be caused by the negligence or actions of other volunteers, staff, clients, and other agents of R3M. I voluntarily assume all the risks of and accept personal responsibility for all damages and losses which may result during my activities as volunteer with the rescue mission. I hereby release R3M and any of its members, principals, officers, directors, employees, agents, or representatives from any and all liability, losses, damages, or costs of any kind or of any nature that are caused by, result from, or are related in any way to R3M or my volunteer activities.

Signature of Volunteer

Date

If under 18... I give my child permission to participate in volunteer activities, under supervision of authorized staff, at R3M, OR I will give my child permission to participate in activities with a church or school group. I also agree to the above statements.

Signature of Parent/Guardian

Date

