

MONTANA RESCUE MISSION
PROGRAM SERVICES VOLUNTEER APPLICATION
2902 MINNESOTA AVENUE, BILLINGS, MT 59101 (406)259-3800

Name _____ Address _____
City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ In Case of an Emergency Call _____

Where would you like to volunteer?
Mission for Men _____ Mission for Women & Families _____

1. Do you have any special training, skills or mentoring/counseling abilities that you can use at the Mission?

2. What is your previous chapel experience?

3. What interests you about providing chapel service at the mission?

4. What church do you attend? _____

How often are you available to provide chapel service: one time per week _____ one or more times per month _____

Note: Please be aware that we make every accommodation possible for people with disabilities, but there is not an elevator at the Mission for Men or the Mission for Women & Families.

References:

Name	Address	Phone Number
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STATEMENT OF VOLUNTEER

I hereby state that I understand that I am volunteering to perform duties for Montana Rescue Mission, Inc. without expectation that I will not be paid any wages or salary or any other type of compensation for my work. I am serving as a volunteer and NOT AS AN EMPLOYEE.

As a volunteer, I realize that I have no legal claim for wages, overtime premiums, unemployment compensation or other provisions of law. I have read the volunteer brochure and am familiar with the mission, vision and values and nondiscrimination policy of the Montana Rescue Mission and will act accordingly while at the mission.

Volunteer

Date

Placement

Start Date