

Montana Rescue Mission Group Volunteer Application

2902 Minnesota Ave. • Billings Mt. 59101 • 406-259-3800 • volunteer@montanarescuemission.org



Staff Use Only

Received ___ / ___ / ___ Entered ___ / ___ / ___ Database # _____

General Information

Group Name			
Street Address		Suite #	
City / State		Zip	
Phone		Web Page	

Where is your group from? Business School Family Church Other _____

Total number of people? _____ Men _____ Women _____ Youth (12-17) _____ Children (under 12yrs.)
Total number of Youth Total number of children

All adults in your team have had background checks? Yes No

General Trip Dates: From ___ / ___ / ___ to ___ / ___ / ___

Group Leader Information

Name		Date of Birth	
Street Address		Apt / Unit	
City / State		Zip	
Best Phone Number		Email Address	

How did you hear about us? Church Work Website Donor Phone/Walk-In
 Past Volunteer Staff _____ Volunteer _____ Other _____

Availability

How often would you like to volunteer? Weekly Monthly One Time Other _____

What days and times would are you requesting?

Sun from: _____ am/pm to: _____ am/pm
 Mon from: _____ am/pm to: _____ am/pm
 Tue from: _____ am/pm to: _____ am/pm
 Wed from: _____ am/pm to: _____ am/pm
 Thur from: _____ am/pm to: _____ am/pm
 Fri from: _____ am/pm to: _____ am/pm
 Sat from: _____ am/pm to: _____ am/pm

Interests

Tell us which areas you are interested in volunteering. Check any that apply.

___ Administration Men's Shelter Other: _____
___ Bargain Centers Chapel
___ Women's and Family Shelter Food Services

Special Skills or Qualifications

Summarize any special skills and qualifications you may have in your group. Please check all that apply.

<input type="checkbox"/> Counselor (licensed)	<input type="checkbox"/> Dentist	<input type="checkbox"/> Accountant	<input type="checkbox"/> Banking / Finance	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Engineer	<input type="checkbox"/> Other
<input type="checkbox"/> Childcare (certified)	<input type="checkbox"/> Doctor	<input type="checkbox"/> Chef / Cook	<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Teacher	
<input type="checkbox"/> Pastor (ordained / Licensed)	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Construction	<input type="checkbox"/> Hair Stylist	<input type="checkbox"/> Photographer	<input type="checkbox"/> I.T.	

Why would your group like to volunteer at the Montana Rescue Mission?

Please describe your groups previous volunteer experiences

The Montana Rescue Mission is a faith-based ministry. Please describe the faith background of your group.

Statement of Faith

We Believe

- We believe in the Scripture of the Old and New Testament as verbally inspired of God, and inerrant in the original writings, and that they are of supreme and final authority in faith and life.
- We believe in one God, eternally existing in three persons: the Father, Son and Holy Spirit.
- We believe that Jesus Christ was begotten by the Holy Spirit, born of the Virgin Mary, and is true God and true Man.
- We believe that man was created in the image of God; that he sinned and thereby incurred, not only physical death, but also spiritual death, which is separation from God.
- We believe that all human beings are born with a sinful nature, and in the case of those who have reached the age of moral responsibility, become sinners in thought, word and deed.
- We believe that the Lord Jesus Christ died for our sins according to the Scriptures, as a representative and substitutionary sacrifice; and that all who believe in Him are truly justified on the ground of His shed blood.
- We believe in the resurrection of the crucified body of our Lord, in His ascension into Heaven, and His present life there for us, as High Priest and Advocate.
- We believe in "that blessed hope", the personal and imminent return of our Lord and Savior, Jesus Christ.
- We believe that all those who receive, by faith, the Lord Jesus Christ are born again of the Holy Spirit and thereby become children of God.
- Lastly, we believe in the bodily resurrection of the just and the unjust, everlasting blessedness of the saved, and everlasting, conscious punishment of the lost.

I have read Montana Rescue Mission's Statement of Faith. Please initial: _____

Application Statement

I understand that submitting this application does not imply any commitment on my group's behalf or on behalf of Montana Rescue Mission (MRM). I understand that, as part of the application process, I may be asked to provide personal, professional or spiritual references. I have read and understand MRM's Statements of Faith. Upon acceptance as volunteers, my group agrees to serve under the leadership, guidance and procedures of MRM for the duration of our volunteer service.

By participating in a group volunteer service role, my group hereby releases MRM from all actions, claims or demands that my group's representatives now have or may hereafter have for injury, death or damage to a person and/or a person's property resulting from my group's participation in MRM volunteer activities. This includes actions, claims or demands resulting in whole or in part from the negligence of MRM or its directors, officers, agents, employees or volunteers. I attest that my group's attendance and involvement in these activities is voluntary, that my group is participating at their own risk, and that I have read the terms and conditions of this release to my group members and informed them of the risks and their necessary release of liability of MRM. If I have any questions about this release of liability, I will talk to MRM staff before my group serves in any volunteer capacity.

The signature of the group representative indicates the consent of the entire group to comply with the above statement. As my group representative, I will communicate these standards to all group members and take responsibility for each group member's compliance with the standards.

Please be aware that we make every effort to accommodate people with disabilities but there is not an elevator at the Men' or Women's and Family shelters.

Signature	
<input type="checkbox"/> Verify Signature (Online applicants only.)	Please type full name on signature line above, and check the preceding box to verify signature.
Date	