

Montana Rescue Mission Volunteer Application

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



Staff Use Only

Received ___ / ___ / ___ Entered ___ / ___ / ___ Forwarded to _____

Personal Information

Name		Date of Birth	
Street Address		Apt / Unit	
City / State		Zip	
Home Phone		Cell	
Email			

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

Have you ever been convicted of a crime? Yes No

If yes, please explain below. Some volunteer positions require a background check. A criminal history will not automatically exclude an applicant from serving.

Availability

How often would you like to volunteer? Weekly Monthly Other _____
___ Weekday mornings Weekend mornings Other
___ Weekday afternoons Weekend afternoons
___ Weekday evenings Weekend evenings

Employment

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position / Title	Start Date
Company	Company Phone #	
City, State		

Emergency Contact

Name	Phone	Relationship
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Interests

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

___ Support Services / Administration Men's Shelter Guest Programs
___ Bargain Centers Chapel Other: _____
___ Women's and Children's Shelter Food Services

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

<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"/> Artistic
<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"/> Sports
<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.	<input type="checkbox"/> Other

Application Statement

In the event that I accept a position with Montana Rescue Mission (MRM), I agree that the volunteer relationship between MRM and me is an at-will relationship and that the position can be terminated, with or without cause, at any time, at the option of either MRM or myself. I certify that the information contained in this application is correct. If MRM determines that any of the information submitted in this application or any other documentation that has been given to MRM is false, I may be immediately disqualified from consideration for volunteering and/or discharged from volunteer service in accordance with MRM policy.

I hereby release MRM from all actions, claims, or demands that I or my representatives now have or may hereafter have for injury, death, or damage to myself and/or my property resulting from my 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 attendance and involvement in these activities is voluntary, that I am participating at my own risk, and that I have read the terms and conditions of this release.

I hereby confirm that I have never been convicted of, or charged with, a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape, or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Since volunteers who serve with MRM are occasionally included in MRM publicity, publications, and public relation activities, I grant MRM the irrevocable right to use forever any photographic images and video or audio recordings made during my volunteer activities with MRM, and I agree to appear without pay.

As a volunteer at MRM, I understand that I may work with donor information, staff information, and resident or guest information that may be confidential in nature. I will not discuss this information with anyone who is not directly involved in these areas. I understand that failure to maintain confidentiality may result in immediate release from my volunteer commitment at MRM. The obligation to comply with this policy continues after my volunteer commitment with MRM ends.

I hereby grant permission to MRM to investigate the information contained in this application and release MRM and any agents or other persons acting on behalf of MRM from any and all liability relating to any investigation of the information contained in this application.

I am aware that MRM makes every effort to accommodate people with disabilities but I understand that there is not an elevator at the Men's or Women's and Children's shelters.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
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	

Parent / Guardian Signature

Required for volunteer applicants under 18 years old

Parent or Guardian Name (printed)	
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	

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