



Montana Rescue Mission Group Volunteer Application

2902 Minnesota Ave · Billings, MT 59101 · (406) 247-0140 ext. 111
 volunteercoordinator@billingslf.org

Group Contact Information

Organization/Business Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Contact Person: _____ Phone: _____

Email: _____

How did you hear about us? Church Work Website Other (list): _____

Group Information

Total Number of Volunteers: _____ Adults _____ Youth (12-17) _____ Children (Under 12) _____

Objective: Please describe your group and its focus:

- Team Building
- Community Service
- Special Project
- Educational
- Service Project

Group Service Availability

Service Date(s): ____/____/____ to ____/____/____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Service Preference

[Circle all that apply]

Montana Rescue Mission:	Meal Service	Donations	Special Projects	Cleaning and organizing
MRM Bargain Center:	Sort & Sizing through clothing	Sorting through donations	Special Projects	Cleaning and organizing
Friendship House:	Landscaping	Painting	Special Projects	Cleaning and organizing
Billings Leadership Foundation	Painting	Demo	Special Projects	Cleaning and organizing



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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. 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.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if we are accepted as a group to volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate end of our group volunteer service.

Full Name (print): _____

Signature: _____ Today's Date: ___/___/___

Staff Use Only

Received ___/___/___ Cleared: ___/___/___ Volgistics ___/___/___ Location: _____ Start Date: ___/___/___