



Montana Rescue Mission Volunteer Application

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

Personal Information:

Full Name: _____

Street Address: _____

City/State/Zip: _____

Cell Phone: _____

Date of Birth: ____/____/____

Email: _____

Emergency Contact Name: _____ Phone: _____

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

Are you currently employed? Yes No

Company Name: _____ Position: _____ Phone Number: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: (All 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 Bi-weekly

Weekday mornings Weekend mornings Special Events or Projects
 Weekday afternoons Weekend afternoons Holiday's
 Weekday evenings Weekend evenings Other _____

Volunteer Opportunities and Interest:

Meal Services Spiritual: Lead Worship or Preach Vocational Training
 Store Associate Bible Study Office Assistant
 Donation Attendant Prayer Team Addiction Recovery
 Court Ordered Community Service Education and Job Skills Training Special Projects

List any specific skills, hobbies, and/or qualifications that may be resourceful to our program:



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Application Statement

If 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 their 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 services 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 MRM are occasionally included in MRM publicity, publications, and public relations 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 shelter.

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

Parent/Guardian Signature

Required for volunteer applicants under 18 years old

Parent or Guardian name (printed): _____ Volunteer Name: _____

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

Staff Use Only

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