



Group Volunteer Application

3 NW 3rd Ave Portland, OR 97209 503-274-4483

Name of Church, School or Organization: _____ Today's Date: _____

Address: _____ Website if any: _____

City, State Zip: _____

Group Leader: _____

Email Address: _____

Day Phone: _____

Evening Phone: _____

Anticipated Group Size: _____ Gender/Age composition of your group: _____

Tell us a little bit about your group: _____

Has your group volunteered with us before, if yes when: _____

If yes, what did you do and how was your experience? _____

What is your goal in serving with Union Gospel Mission? _____

For your safety, should we be aware of any medical conditions? _____

Briefly share your personal testimony and how your relationship with Jesus Christ has changed your life. If you don't have a faith journey, just be honest on your feelings regarding spiritual matters: _____

Have you ever been convicted of a felony? Yes No

If yes, what and when: _____

I hereby confirm and warrant that I have not 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 ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Union Gospel Mission may photograph me and use my story, silhouette or reproductions of my physical likeness; to copyright the same, and to use and re-use the same, in whole or in part, and discharge Union Gospel Mission from any and all claims and demands.

I hereby agree that Union Gospel Mission is not responsible for any of my personal items that may be lost or damaged during the volunteer period.

Signature of Group Leader: _____ Today's Date: _____

Please return form to:
Heidi Hege, Volunteer Coordinator
3 NW Third Ave
Portland, OR 97209
Fax: 503-274-0071

Scan and email to heidih@ugmportland.org