



# Special Events Volunteer Application

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

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What events do you desire to volunteer at? (circle all that apply):

Easter

Operation Overcoat(September)

Love Your Neighbor Day(Thanksgiving)

Christmas

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

What is your goal in serving with Union Gospel Mission? \_\_\_\_\_

Have you ever been convicted of a crime? 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: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature of Parent or Guardian (if under 18): \_\_\_\_\_

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](mailto:heidih@ugmportland.org)