



Volunteer Application

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

Name: _____
Address: _____
City, State Zip: _____

Date: _____
Home Phone: _____
Cell Phone: _____
E-Mail: _____

Emergency Contact: _____
Relationship: _____
Phone: _____

Employer Contact: _____
Work Hours/Days: _____
Work Phone: _____

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

Demographic Information

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers.

Date of Birth: _____ Gender: Male/Female Marital Status: _____

Circle last year of school completed: 5 6 7 8 9 10 11 12 Some College College Grad
Degree Earned (if applicable): _____ Name of College (if applicable): _____

Do you attend a local church? _____ If so, where? _____

Email Preferences

We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email, however will not send you any email you prefer not to receive. Use the checkboxes below to select the kinds of email you would like to receive from us.

E-Newsletter None, thank you

Volunteer Preferences:

Please check a box for your preferred area to volunteer. You may check more than one.

- Holiday Meals/Special Events
- Thrift Store
- Chapel Meals
- Teaching LifeChange Classes
- Chapel Service
- Special Projects
- Administration Support
- Where Needed Most

Availability:

Please check a box for the days & circle the times you are available (This does not commit you to all of these times, it just shows us when you are available).

- Sundays: morning/afternoon/evening
- Mondays: morning/afternoon/evening
- Tuesdays: morning/afternoon/evening
- Wednesdays: morning/afternoon/evening
- Thursdays: morning/afternoon/evening
- Fridays: morning/afternoon/evening
- Saturdays: morning/afternoon/evening

How did you find out about our volunteer program? _____

Why would you like to be involved in this ministry? _____

(Form Continues on Back Side)

List any type of Christian work or volunteer experience you have had with Union Gospel Mission or any agency, church, etc. _____

Identify your three favorite ways of spending free time (e.g. Hobbies, interests, skills, etc): _____

List three events; accomplishments in your life that you have found fulfilling. Exclude commmitement to Christ, marriage, having children, graduating, etc. Examples: 1) Took care of horses for one summer when I was 10. 2) I taught beginners art class to a group of sixth graders 3) Teach a home Bible study: _____

Please describe your past and present personal journey with God: _____

Reference:

Please list two non-family references (i.e. pastor, employer, friend, co-worker):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Have you ever been convicted of a felony? Yes No

If yes, what and when: _____

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.

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.

Signature: _____

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



CONSENT FOR BACKGROUND CHECK

Disclosure

In relation to your involvement with Union Gospel Mission of Portland, (UGM) as a Volunteer, criminal background reports may be requested from Criminal Information Services, Inc. (CRIS). Criminal background screening can access data made available to CRIS through all public records. This may include information concerning your driving record, criminal records, etc. from federal, state, and other agencies which maintain such records.

Authorization

I AUTHORIZE, WITHOUT RESERVATION, CRIS, AND ANY PARTY OR AGENCY CONTRACTED BY CRIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION TO UGM.

CRIS is authorized to disclose all information obtained to UGM for the purpose of making a determination as to my eligibility for Volunteering.

By signing below, I certify that I have read and fully understand this authorization, that prior to signing, I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization voluntarily and with the knowledge that the information being released could affect my being accepted for volunteering. By my signature, I affirm that all information on this form is true and accurate.

Today's Date _____ Signature _____

Print your full legal name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other names you have used:

Date of Birth _____/_____/_____

Driver's License Number _____ State Issuing License _____