



Portland Rescue Mission Volunteer Application

ATTN: Partnership Department • PO Box 3713 • Portland, OR 97208-3713 • 503-647-7466 • Partnership@PDXMission.org

Staff Use Only		
____/____/____ Received	____/____/____ Entered	Database # _____

Personal Information

Name _____ Date of Birth: _____
First M.I. Last

Street _____ Apt./Unit _____

City _____ State/Zip _____

Telephone _____
Home Cell

Email _____

How did you hear about us? Church Work Website Donor Phone/Walk-In Other _____
 Please fill in blanks where applicable. Staff Volunteer

Do you have a history of any addictive behaviors? Yes No
 Drugs Alcohol Other Date of Last Use _____
 If yes, please clarify above and explain below.
 Volunteers must have a minimum of three years free from addictive behaviors. A positive response to this question will not automatically disqualify an applicant from volunteering with Portland Rescue Mission.

Have you ever been convicted of a felony? Yes No
 If yes, please explain below. Some volunteer positions require a background check. A criminal history will not automatically exclude an applicant from serving.

Availability Volunteers are asked to commit to a minimum of 1 year of service.	
How often would you like to volunteer? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
What days of the week and times of day are best? Please check the days you are available, and enter times for each day you are available.	
<input type="checkbox"/> Sun. _____	<input type="checkbox"/> Mon. _____
<input type="checkbox"/> Tue. _____	<input type="checkbox"/> Wed. _____
<input type="checkbox"/> Thur. _____	<input type="checkbox"/> Fri. _____
<input type="checkbox"/> Sat. _____	

Education

School <small>Name of high school, college, etc.</small>	City, State	Duration <small>from to Did you Graduate? Yes / No</small>	Degree Received
		<small>from to Did you Graduate? Yes / No</small>	
		<small>from to Did you Graduate? Yes / No</small>	
		<small>from to Did you Graduate? Yes / No</small>	



Volunteer Application

Employment		
Position Title	Start Date	Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Responsibilities	
City, State		

Personal Reference Non-Family		
Name	Phone	Email
Relationship		

Pastoral Reference		
Name	Phone	Email
Relationship		

Professional Reference		
Name	Phone	Email
Relationship		

Emergency Contact <small>This information will only be used if an emergency arises.</small>		
Name	Phone	Relationship

Interests <small>Check any that apply.</small>						
<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Childcare	<input type="checkbox"/> Food Service	<input type="checkbox"/> Leading Worship	<input type="checkbox"/> Leading Activities	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Other _____
<input type="checkbox"/> Driving/Transportation	<input type="checkbox"/> Cooking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Spiritual Formation	<input type="checkbox"/> Tutoring/Education	<input type="checkbox"/> Mentoring	_____
<input type="checkbox"/> Hospitality/Outreach	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Small Groups	<input type="checkbox"/> Reception/Clerical	<input type="checkbox"/> Sorting Donations	<input type="checkbox"/> Translation	_____

Professional Skills <small>Check any that apply.</small>						
<input type="checkbox"/> Counselor (licensed)	<input type="checkbox"/> Dentist	<input type="checkbox"/> Accountant	<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Engineer	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Childcare (certified)	<input type="checkbox"/> Doctor	<input type="checkbox"/> Chef/Cook	<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Teacher	_____
<input type="checkbox"/> Pastor (ordained/licensed)	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Construction	<input type="checkbox"/> Hair Stylist	<input type="checkbox"/> Photographer	<input type="checkbox"/> I.T.	_____

Computer Skills <small>Please rate your ability level.</small>	
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Other _____	<small>Please explain.</small>



Volunteer Application

Why would you like to volunteer at Portland Rescue Mission?

Please describe any previous volunteer and/or ministry experiences.

Personal Faith

Do you have a personal faith in Jesus Christ? Yes No
If yes, please describe how your faith impacts your daily life.

Church Involvement

Are you involved in a church? Yes No

Church Name

Attended Since



Volunteer Application

Statement of Faith

We Believe

- In the Bible, the Word of God - inspired, inerrant, and authoritative.
- In one God who exists eternally in three persons; Father, Son and Holy Spirit.
- In the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His future personal return to rule in power and glory.
- In the inborn sinfulness of all humanity and our resulting alienation from God, and the absolute necessity of redemption through faith in Christ's atoning death and regeneration by the Holy Spirit for salvation.
- In the complete forgiveness and eternal salvation of the true believer.
- In the empowering ministry of the Holy Spirit, who lives in Christians, thereby enabling each to live a godly life.
- In the bodily resurrection and eternal conscious existence of both the saved and the lost - the saved in eternal life and the lost in everlasting punishment.
- In the spiritual unity of believers in our Lord Jesus Christ.

I have read Portland Rescue Mission's Statement of Faith Please initial.

Applicant Statement

In the event that I agree to accept a position with Portland Rescue Mission (PRM), I agree that the volunteer relationship between PRM 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 either PRM or myself.

I certify that the information contained in this application is correct. If PRM determines that any of the information submitted in this application or any other documentation that has been given to PRM is false, I may be immediately disqualified from consideration for volunteering and/or discharged from volunteer service in accordance with PRM policy.

I hereby release PRM 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 PRM volunteer activities. This includes actions, claims, or demands resulting in whole or in part from the negligence of PRM 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.

Volunteers who serve with PRM are occasionally included in PRM publicity, publications, and public relation activities. I grant PRM the irrevocable right to use forever any photographic images and video or audio recordings made during my volunteer activities with PRM, and I agree to appear without pay.

As a volunteer at PRM, 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 PRM. The obligation to comply with this policy continues after my volunteer commitment with PRM ends.

I hereby grant permission to PRM to investigate the information contained in this application and release PRM and any agents or other persons acting on behalf of PRM from any and all liability relating to any investigation of the information contained in this application.

Signature of applicant

Date

Verify signature Online applicants only. Please type full name on signature line above, and check the preceding box to verify signature.

Parent Signature

Date

Required for volunteer applicants under 18 years old.

Verify signature Online applicants only. Please type full name on signature line above, and check the preceding box to verify signature.