



SINCE  
1958

## Union Gospel Mission of Salem

Dear Friend,

Thank you for your inquiry regarding volunteer opportunities at Union Gospel Mission and your interest in our work. Many people who tour UGM express surprise at the diversity of services we offer, and the size and efficiency of the Mission. All this is accomplished daily by many people in a number of departments, one of which is our Department of Volunteer Efforts ~ D.O.V.E.

The Mission has always had volunteers, but there was no organized effort until 1994 when DOVE was established. The purpose of DOVE is not only to meet the needs of UGM, but the needs of the volunteers as well. We try, as much as possible, to tailor the job to the volunteer(s) by offering opportunities during the day, early evening and weekends for people from all walks and situations of life ~ retired, working or at home. Most age groups are represented in the businesses, service groups, churches, schools, families and individuals that make up our volunteer team. We have one-time projects as well as regular service opportunities throughout the year to satisfy those from the most active groups to the work-at-your-own-pace or handicapped folks.

Our volunteers are people like you who desire to help others. They are not only a great blessing to us, but valuable assets as well. We could not do all that we do without them.

After looking at the material in this packet, you will have basic information about UGM and the volunteer program. If you would like to be a part of our team, please fill out the application and the disclosure form. You may either bring it to me or use the enclosed envelope to mail it.

You are always invited to arrange for a tour and/or lunch in our dining room for yourself or groups of any size. For more information please call Judi at 362-3983, X320. We would be privileged to have you join our DOVE TEAM.

In His Service,

Judi Lienemann  
Volunteer Coordinator



*"Restoring Hope... Restoring Lives"*

**Michael J. Rideout**  
Executive Director

### Administrative Offices

311 Commercial St. NE  
P.O. Box 431  
Salem, OR 97308-0431  
503-362-3983 Office  
503-399-5646 Fax  
www.ugmsalem.org

### Men's Mission

345 Commercial St. NE  
Salem, OR 97301  
503-362-3983 Office  
503-399-8673 Fax  
Guest Services  
Discipleship Program  
Recovery Program  
Adult Learning Center  
Valley Employment &  
Career Services

### Mission Store

885 Commercial St. NE  
Salem, OR 97301  
503-375-2511 Store  
503-375-2588 Fax  
Donation Drop-off  
Donation Pick-up Line  
503-763-0219

### Simonka Place Women & Children

5119 River Rd. N  
Keizer, OR 97303  
503-362-7487 Office  
503-856-8058 Fax  
Guest Services  
Discipleship Program  
Recovery Program  
Adult Learning Center

### Zobel House Women & Children

520 Howard St SE  
Salem, OR 97302  
503-480-8743 Office  
503-480-8745 Fax  
Discipleship Program  
Recovery Program

# UNION GOSPEL MISSION OF SALEM

**Please complete pages and mail to:**

Union Gospel Mission of Salem  
Attn: DOVE  
P.O. Box 431  
Salem, OR 97308-0431



Name \_\_\_\_\_ Date \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Will you be bringing a group? Yes \_\_\_\_ No \_\_\_\_

Name of the group \_\_\_\_\_ Approximate # of people \_\_\_\_\_

Group Mailing Address (if a church group, business group, etc.) \_\_\_\_\_

How did you hear about volunteering with the Mission?

\_\_\_\_ School                      \_\_\_\_ Church                      \_\_\_\_ Friends                      \_\_\_\_ Mission website

\_\_\_\_ United Way website      \_\_\_\_ Other \_\_\_\_\_

What days and times are you available:

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_ Flexible \_\_\_\_\_

What location(s) would you like to volunteer at? (check all that apply)

\_\_\_\_ Men's Mission      \_\_\_\_ Simonka Place (Women & Children)      \_\_\_\_ Dental Clinic  
\_\_\_\_ Mission Store      \_\_\_\_ Warehouse      \_\_\_\_ R.O.C. Outreach Center      \_\_\_\_ Administration

Please let us know what kind of volunteer activities interest you.

\_\_\_\_ Office/clerical                      \_\_\_\_ Fund raising & projects                      \_\_\_\_ Tutoring  
\_\_\_\_ Group Project                      \_\_\_\_ Sorting merchandise                      \_\_\_\_ Food Service  
\_\_\_\_ Building repairs                      \_\_\_\_ ROC Family Services                      \_\_\_\_ Mentor  
\_\_\_\_ Collection drives                      \_\_\_\_ Serving meals                      \_\_\_\_ Special events

\_\_\_\_ Professional skills (specify) \_\_\_\_\_

\_\_\_\_ Other (specify) \_\_\_\_\_

Church you attend \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Will you be volunteering to fulfill a court ordered community service requirement?

\_\_\_\_ Yes \_\_\_\_ No

Present employer: (if applicable) \_\_\_\_\_

Position/title \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

References: Please list two people who have known you for at least 3 years.  
(No relatives please.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

May we contact the people above for reference information? \_\_\_\_\_

What do you hope to get from your volunteer experience? \_\_\_\_\_

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The Mission expects volunteers to support the work, mission and statement of faith of Union Gospel Mission of Salem while they are donating their time.

Mission Statement: Union Gospel Mission, a Christ-centered ministry demonstrating God's love by meeting physical, mental and spiritual needs of men, women and children in crisis. Proclaiming the Gospel of Christ in word and deed.

STATEMENT OF FAITH

- We believe the Bible to be the inspired, infallible and authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father; Son; and the Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
- We believe in the bodily resurrection of the just and unjust, the everlasting blessedness of the saved, and the everlasting conscious punishment of the lost.
- We believe in the spiritual unity of believers in Christ

The Mission's staff and volunteers are responsible for protecting the privacy of UGM clientele. No information about Mission clients is to be given verbally or in writing to agencies or people outside the Mission, and no pictures are to be taken of clientele.

As a non-profit agency, Union Gospel Mission of Salem does not provide liability insurance for volunteers. I have read the information above and I certify that the foregoing personal information is true and correct. I authorize Union Gospel Mission of Salem to inquire with my employers or references as needed, and I agree that the Mission may, at its discretion, terminate my volunteer assignment at any time for any reason. As a volunteer I understand I am not protected by any worker's compensation insurance nor do I have any other benefits or rights normally associated with employment. I authorize UGM of Salem to perform a background screening for criminal history as deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Restoring Hope. . . Restoring Lives*

P. O. Box 341, Salem OR 97308

503-362-3983

[www.ugmsalem.org](http://www.ugmsalem.org)



## DISCLOSURE AND AUTHORIZATION FORM

### DISCLOSURE

In relation to your involvement with Union Gospel Mission of Salem, (“UGM”) as an Employee, Client Program Member or 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 Employment, Client Program participation or Volunteering. If accepted, in any capacity with UGM, this authorization shall remain on file at UGM.

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 hired, accepted into client programs or volunteering.

Today’s Date \_\_\_\_\_ Signature

Print your full 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: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver’s License Number \_\_\_\_\_ State Issuing License

## Union Gospel Mission of Salem Standard Rights Release Form

I, the undersigned, agree to appear in print, online or video to be produced by UNION GOSPEL MISSION OF SALEM or any approved agency that the Mission works with, for the purpose of describing or promoting my experience with, and the activities of UNION GOSPEL MISSION OF SALEM.

I give UNION GOSPEL MISSION OF SALEM and its approved agencies my unrestricted permission to reproduce and distribute all photographs, video recordings, sound recordings, and/or interviews taken of me, as well as any artwork (all media) or written material produced by me while associated with UNION GOSPEL MISSION OF SALEM. I understand that there will be no compensation or damages for the use of these interviews, photographs, recordings of video and sound, and personal artwork and/or written and online material.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

In case of a minor (under age 18), signature of a parent/guardian required below.

Child's Name/Age \_\_\_\_\_

Parent's Signature \_\_\_\_\_



# UNION GOSPEL MISSION OF SALEM



## Volunteer Expectations

Welcome to D.O.V.E. We are pleased to have you on our team as a Volunteer of Union Gospel Mission. Thank you for choosing UGM to be the place to which you will give your time and efforts. Our Volunteers are very important to us. We look forward to a long and enjoyable relationship with you. You can help us by understanding and following **five important expectations** to insure a positive experience for both you and those we serve.

1. **Dress Code**: Dress code applies to all men, women and children. Please dress modestly and appropriately for the job you are assigned. Please avoid tight or low-cut clothing, short shorts, cutoff jeans, sleeveless or sun blouses, tank tops or halter tops, cutoff sweatshirts, spandex and form-fitting clothing. Shoes and socks must be worn - no sandals or flip flops, please.
2. **Food Services**: The dress code for volunteers in our kitchens allows for knee-length shorts, provided they are loose fitting, but for those who will be cooking or doing food prep, long pants are required. Shoes and socks must be worn - no sandals or flip flops, please. **Volunteers who will be cooking or doing food prep must have a current Food Handlers' Card.**
3. **Relationships**: In the best interest of all concerned, please refrain from creating personal relationships with Interns, Program members or Guests. This includes giving gifts, lending or giving money, buying treats, meals, cigarettes, etc., giving out your address or phone number, giving them rides or meeting them outside of the Mission for meals or activities.
4. **Assigned Areas**: All Volunteers must stay in their assigned work area. You must not, at any time, wander around the facilities. Children between the ages of 12 – 17 are welcome to volunteer, but must be in the presence of an adult that came with them at all times. If they need to use the restroom, an adult from your group must accompany them.
5. **Nametags**: All Volunteers must wear a D.O.V.E. identification nametag when they are volunteering, be it a generic "Volunteer" tag or a personalized one.

Sometimes you may not understand the reasoning behind our expectations and procedures. They are the result of decades of experience, so please trust in the wisdom of them. We are always interested in the valuable input of our Volunteers, so please feel free to ask questions or share your ideas with us.

Thank you for your understanding and cooperation. We hope that your time with us will be a fulfilling and rewarding experience.

Judi Lienemann,  
Volunteer Coordinator



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