

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? _____

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 without a signed release from the Mission and client involved.

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



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 _____