



PORTLAND RESCUE MISSION

VOLUNTEER APPLICATION FOR GROUPS

Thank you for applying to volunteer with Portland Rescue Mission! Please complete the information below. We strive to connect volunteers with a position that matches each person's personality, talents, skills, and availability, so the more information you provide, the better! Please contact the Community Partnership Team with questions: partnership@pdxmission.org or 503-906-7697.

For staff use:
___ Received ___/___/___
___ Entered ___/___/___
Database # _____
Staff Assigned: _____

Send completed applications to:
Portland Rescue Mission, Community Partnership, P.O. Box 3713, Portland, OR 97208
or fax to 503-227-1126, Attn: Community Partnership.

GENERAL INFORMATION

Group Name: _____

This group is from a... Church Business School Family Other: _____

GROUP LEADER'S INFORMATION

First name: _____ Last name: _____ Date of birth: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Primary phone: () - _____ Alternate phone: () - _____ E-mail: _____

GROUP COMPOSITION

Men _____ # of children* (11 & under)
 Women _____ # of youth* (12-17)
 Seniors _____ *A ratio of 1 adult to 4 youth or children is required.
 Age range: _____ to _____ # of adults (18 & older)

How did you hear about volunteering with Portland Rescue Mission?

- Church Portland Rescue Mission staff Website Phoned/walked in for information
 Work Portland Rescue Mission volunteer Donor Other: _____

AVAILABILITY

	Morning	Afternoon	Evening
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often would you like to volunteer?

- Once
 Occasionally
 Monthly
 Weekly
 Daily
 Other: _____

VOLUNTEER EXPERIENCE

What has motivated your group to pursue volunteering with us?

Please describe this group's previous volunteer and/or ministry experience(s).

Is there anything you feel your group is uniquely qualified to provide as a volunteer service? (e.g. lead worship, teach a specific skill/craft, provide health check-ups, coordinate special events, etc.)

PROFESSIONAL SKILLS

Does anyone in your group have specific professional skills? (mark any that apply)

- | | | | |
|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Construction management | <input type="checkbox"/> Hair stylist | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Dentist | <input type="checkbox"/> Hygienist | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Chef/Cook | <input type="checkbox"/> Doctor | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Childcare (certified) | <input type="checkbox"/> Engineer | <input type="checkbox"/> Mechanic | <input type="checkbox"/> _____ |

Additional Information: _____

Is there anyone in your group with the following maintenance skills? (mark any that apply)

Trade	Experience Level			Special Skills/Comments
	Professional	Hobby/ Handyman	Other	
Carpentry	Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Finishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	Wet Side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dry Side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Service Mech.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Painter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sheet Rock Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carpet/Floor/Countertop Installation (finishes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is there anything else you'd like to tell us about your group?

Would you like any of the following? (check any that apply)

- Please contact me for help with special events.
- Please mail me Portland Rescue Mission's monthly prayer letter.
- Please send me information about making financial/in-kind donations to Portland Rescue Mission.

AUTHORIZATION

I understand that submitting this application does not imply any commitment on my group's behalf or on behalf of the Portland Rescue Mission. I understand that, as part of the application process, I may be asked to provide personal, professional, or spiritual references. I have read and understand the Portland Rescue Mission's Statements of Mission and Faith (*see below*). Upon acceptance as volunteers, my group agrees to serve under the leadership, guidance and procedures of the Portland Rescue Mission for the duration of our volunteer service.

The signature of the group representative indicates the consent of the entire group to comply with the above statement. As my group representative, I will communicate these standards to all group members take responsibility for each group member's compliance with the standards.

Signature: _____ Date: ____ / ____ / ____

Statement of Mission

We share the word of God and demonstrate the love of Christ to transform the lives of homeless and addicted people.

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.