



For Office Use Only  
ID# \_\_\_\_\_

# Orange County Rescue Mission Volunteer Information Form

(for individuals)

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Name: \_\_\_\_\_ Phone: (D) \_\_\_\_\_ (E) \_\_\_\_\_

Address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Church/Club name and address \_\_\_\_\_

Contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

## I. Skills And Interests

Educational Background:

High School: \_\_\_\_\_ College: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

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Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Outreach (assist staff in ministering to our Strong Beginnings Clients living in various motels throughout Orange County)
- Men's Shelter (assist staff in providing emergency services and ministry to men and women at shelter)
- House of Hope (assist staff with providing services to women and children in a transitional living facility)
- Support Office (assist with general office support)

Name specific position desired: \_\_\_\_\_

## II. Availability

At what times are you interested in volunteering?

- Am Flexible  Prefer weekdays  Prefer evenings  Prefer days
- Other \_\_\_\_\_  There are times during the week that I cannot do volunteer work. \_\_\_\_\_

Are you interested in a one-time event or would you like to volunteer on an ongoing basis?

- One-Time Event  Ongoing Basis

**III. References**

How did you hear about us?  Advertisement  Internet  Referred by friend/volunteer  
 Other: \_\_\_\_\_

**IV. General Questions**

Do you consistently and regularly attend a Bible believing church?  yes  no  
If yes, name of congregation or church: \_\_\_\_\_

What attracted you to our organization? Is there any aspect of your work that most motivates you to seek to volunteer here? \_\_\_\_\_  
\_\_\_\_\_

What would you like to get out of volunteering here? What would make you feel like you've been successful?  
\_\_\_\_\_  
\_\_\_\_\_

What have you enjoyed most about your previous volunteer work? About your paid jobs? \_\_\_\_\_  
\_\_\_\_\_

**V. Volunteer Agreement**

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*Please read and sign the following:*

The OCRM agree to accept the services of \_\_\_\_\_ and we commit to  
The following:

1. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
2. To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
3. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
4. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

It is understood and agreed upon by the Orange County Rescue Mission and the undersigned that the relationship being entered into is one of volunteerism and not employment; that both parties agree there will be no payment or fringe benefits which may be enjoyed by regular employees; that either party may terminate the volunteer services at any time, with or without cause and without prior notice; and that volunteers are not permitted to disclose any form of confidential information relating to clients, donors or staff of the Orange County Rescue Mission.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date



# Orange County Rescue Mission Group Volunteer Application

For Office Use Only  
ID# \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Initials \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Number of Volunteers in Group: \_\_\_\_\_

## How often will your group volunteer?

(Please mark one or more of the following)

- Once a week       Once a month       Easter  
 Thanksgiving       Christmas       Other \_\_\_\_\_

## Which volunteer opportunity would your group like to participate in?

(Please mark one or more of the following)

- Food box preparation       Serve dinner to homeless<sup>1</sup>  
 Coordinate Food drive<sup>2</sup>       Packaramas

<sup>1</sup> Serving meals to the homeless includes: Help in preparing, serving, and cleaning up after the meal. The hours for dinner are 4:30pm - 7:00pm Monday thru Sunday. Hours are subject to change.

<sup>2</sup> We will send you a packet containing all the information to run a food drive.

## Agreement

It is understood and agreed upon by the Orange County Rescue Mission and the undersigned that the relationship being entered into is one of volunteerism and not employment; that both parties agree there will be no payment or fringe benefits which may be enjoyed by regular employees; that either party may terminate the volunteer services at any time, with or without cause and without prior notice.

\_\_\_\_\_  
Contact Person's Signature

\_\_\_\_\_  
Orange County Rescue Mission Signature

*We appreciate your interest in volunteering. We will be in touch with you shortly!*

**Please Return Completed Form To:**

Orange County Rescue Mission

Attn: Volunteer Manager

One Hope Drive

Tustin, CA 92782

(714) 247-4300 | Fax: (714) 566-6457



### **Volunteer Abuse Policy**

**Note:** *This policy pertains to all volunteers, who serve in any capacity, with any of the facilities owned by the Orange County Rescue Mission Inc. (OCRM)*

Orange County Rescue Mission Inc. volunteer abuse policy pertains to all volunteers who will have contact with children, youth, adults, or elderly people under the guise of the Orange County Rescue Mission. Abuse as defined by OCRM is the physical, psychological, or sexual maltreatment of a person. Every OCRM volunteer will treat all individuals with the utmost dignity and respect, regardless if they are an employee, client, or out in the public sector. Any volunteer found abusing a child, youth, adult or elderly adult is grounds for immediate dismissal pending an investigation and may result in termination of volunteer position. In addition, if any claim is proven to be authentic, OCRM may report it to the appropriate authorities if deemed necessary. If you as a volunteer have a suspicion of inappropriate conduct of a fellow OCRM volunteer, please refer all concerns to your immediate supervisor or to OCRM's Director of Volunteer Services, without delay. For all volunteers who are out in the field, all child, domestic, and elder abuse needs to be reported immediately to the county authorities, in addition to OCRM's Director of Volunteer Services.

### **Non-Harassment Policy**

**Note:** *This policy pertains to all volunteers, who serve in any capacity, with any of the facilities owned by the Orange County Rescue Mission Inc. (OCRM)*

Orange County Rescue Mission Inc. seeks to maintain an environment free from all forms of discrimination and harassment.

Conduct that creates an intimidating, hostile or offensive volunteering environment is considered harassment.

Examples could include, but are not limited to:

- Speaking rudely or yelling at clients, other volunteers, and/or staff.
- Speaking with any type of sexual overtone while communicating.
- Showing any type of threatening or intimidating behavior either verbal or physical.

Such behavior found to be a part of a volunteer's actions or comments could result in the volunteer assignment being terminated.

In addition, If you believe you have been subjected to any type of discrimination or harassment while volunteering at any of the facilities at the Orange County Rescue Mission you are encouraged to bring the matter to the immediate attention of your immediate supervisor or OCRM's Director of Volunteer Services.

Harassment complaints are investigated promptly and actions are taken as deemed appropriate.



### **Confidentiality Agreement & Release from Liability**

*Note: This policy pertains to all volunteers, who serve in any capacity, with any of the facilities owned by the Orange County Rescue Mission Inc. (OCRM)*

If a person is a member of any Orange County Rescue Mission program, the majority of the program member's information is considered confidential; and is released only on a need-to-know basis as authorized in writing by someone in senior management.

As a volunteer you are required by policy and law to comply with said regulation regarding confidentiality and privacy.

Any person who knowingly furnishes a record or information to someone not authorized by law to receive such a record of information may be guilty of a crime. In addition, any person that is not authorized by law to receive a record of information, or that knowingly receives or possesses information, may be guilty of a crime.

If you have any questions as to what information is considered confidential and what is not, you are to speak with your immediate supervisor or OCRM's Director of Volunteer Services for clarification.

By signing below, I recognize that this policy has been explained to me and I acknowledge understanding it. I also understand that if I have any type of question or concern regarding program member record confidentiality, I am to speak directly to my immediate supervisor, or Director of Volunteer Services, before taking any action.

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in a car accidents falls, muggings, etc. Potential hazards have explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.

I agree that my assignees, heirs, distributes, guardians, and other legal representatives will not make a claim against or sue for injury or damage resulting from the negligence or other acts; howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of participation as a volunteer. I hereby release Orange County Rescue Mission Inc. from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives, now have or may hereafter have for injury resulting from my participation as a volunteer.

I further understand that a violation of this policy could be grounds for both volunteer termination and prosecution.



## **OCRM Volunteer Policy for Relationships with Program Members**

*Note: This policy pertains to all volunteers, who serve in any capacity, with any of the facilities owned by the Orange County Rescue Mission Inc. (OCRM)*

Relationships between individuals in inherently unequal positions may undermine the real or perceived integrity of the program, as well as affect the trust inherent in the program environment.

Many program members have little or no resources and have enrolled in the recovery program to achieve stability and a sustainable self-sufficiency in their life. Any distraction from this goal could severely undermine the program member's changes at a successful life and put their enrollment in jeopardy.

We welcome volunteers to interact in a friendly socially-focused manner but ask that you use caution when relating to the program members. This will protect their place in the program, as well as yourself. This includes, but is not limited to:

- Giving out your last name, phone number, addresses, or email address.
- Engaging in undue familiarity with program members.
- Engaging program members for the purpose of dating or exploration of a deeper friendship is prohibited.
- Taking or sending, either to or from any program member, any verbal or written message, literature or reading matter, or any item, or article or substance.
- Trading, lending, bartering or otherwise engaging in any type of personnel transactions with any program member.
- Directly or indirectly giving or receiving from any program member, anything in the nature of a tip, gift or promise of a gift.

Whenever there is a reason for a volunteer to have personal contact or discussions with a program member, please maintain a helpful and Godly, but professional, attitude and demeanor and do not, under ANY circumstances, discuss a program member's personal affairs or engage in derogatory or negative conversation regarding the program.

All volunteers will be required to submit to instructions of the OCRM Staff during an emergency. Volunteers are required to alert OCRM staff and stay clear of the area in the event of a physical conflict and should in no way become involved. OCRM Staff are trained to handle conflicts in a safe and secure manner to ensure the safety of the volunteers and clients.

If you observe any violation of this policy taking place, please report your observations immediately to your immediate supervisor or OCRM's Director of Volunteer Services.



## Volunteer Signature Acknowledgment

By signing below I acknowledge that I have read and understand all Orange County Rescue Mission's (OCRM) volunteer policies. I also understand that if I have any type of question or concern regarding any of the OCRM volunteer policies, I am to speak directly to my immediate supervisor or OCRM's Director of Volunteer Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Volunteer Name (please print)



## Volunteer Sign-In Policy

In order to receive funding, it is imperative to keep accurate administrative records on volunteer staff.

It is vital that each volunteer who serves at the Mission understands the importance of signing in and signing out when volunteering. Sign-in sheets are kept at all facilities and the first order of business when arriving to volunteer should be to document your arrival time. It is just as important to document your time of departure. As a volunteer, you can and may be asked to resign from your volunteer position if you do not follow this policy.

If you have any questions, or require further information on this policy, please feel free to contact the Volunteer Manager at 714-247-4334.

I have read and understand the above statement.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Administrator's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date