



For Office Use Only
ID# _____

Orange County Rescue Mission Volunteer Information Form

(for individuals)

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: _____

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**

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)

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Once a month | <input type="checkbox"/> Easter |
| <input type="checkbox"/> Thanksgiving | <input type="checkbox"/> Christmas | <input type="checkbox"/> Other _____ |

Which volunteer opportunity would your group like to participate in?

(Please mark one or more of the following)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Food box preparation | <input type="checkbox"/> Serve dinner to homeless ¹ |
| <input type="checkbox"/> Coordinate Food drive ² | <input type="checkbox"/> Packaramas |

¹ 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.

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

Agreement

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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