

GROUP VOLUNTEER APPLICATION

Name of Group: _____

Group Leader name: _____ Phone: _____

E-Mail: _____

Group Address: _____ Phone: _____

City/State/ZIP: _____

1. **Have you ever volunteered at the Rescue Mission before?** Yes / No

If yes, when and what activities were you involved in?

When are you available? (Circle all available time below)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morn	morn	morn	morn	morn	morn	morn
Aft	aft	aft	Aft	aft	aft	aft
Eve	eve	eve	eve	eve	eve	eve

List hours available: _____

Area(s) of Interest (Check all that apply):

Addiction Stabilization Center:

- Clerical
- AA / NA Meeting Facilitator

Administrative/Clerical:

- Answering phones
- Data Entry
- General Clerical
- Reception (Greet Guests)

Community Service: (both Closed Wednesdays)

- Clothing Closet/ sorting
- Food pantry

Development:

- Coin Canister Program

Finance:

- Clerical
- Data Entry

Enriched Living Center:

- Clerical
- Lunch Buddy
- Hymn Sing

Morris Learning Center:

- Tutor / Mentor

Facilities:

- General lawn care / landscaping
- Weeding, lawn mowing
- Painting / Carpentry

Food Services:

- Serving Meals (lunch/dinner)
- Holiday Meals:

- Thanksgiving
- Christmas
- Holiday deliveries

Special Projects:

- Adopt a Residential Room (paint, decorate, furnish)
- Undie Sunday / Undie Monday
- Events

Spiritual:

- Chapel Services
- Entertainment / Music / Testimony

Miscellaneous:

- General cleaning - indoors
- Clean windows - in & out
- Sweep lots, sidewalks
- Pick Up / Delivery (vehicle required)
- Sort Donations
- Christmas Gift Wrapping

West Street:

- General cleaning - outdoors
- Clerical

Other: _____

Names of Members in Group:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT: Please read Carefully and sign below.

The Rescue Mission serves a variety of different people in our community. We strive to protect their privacy as well as their safety *as well as the safety of our volunteers*. Therefore, the Rescue Mission of Utica reserves the right to limit, restrict and/or deny the use of volunteers on its campus based on the following: (1) criminal history, including sexual offenses and arson; (2) drug possession or sales, (3) refusal to submit to background check and/or drug screening, if required.

Signature of group leader

Date

FOR OFFICE USE ONLY: _____

Notes: _____
