



GROUP VOLUNTEER APPLICATION

Name of Group:		
Group Leader name:		Phone:
E-Mail:		
Group Address:		e:
City/State/ZIP:		
1. Have you ever volunteered a	t the Rescue Mission before? Yes / No	
If yes, when and what activi	ities were you involved in?	
Please list ALL days and times ava	ilable: Area(s) of Interest (Check all that apply):	
	Area(3) of interest (check all that apply).	Special Projects:
Administrative/Clerical:	Food Services:	Adopt a Residential Room
Answering phones	Serving Meals (lunch/dinner)	(paint, decorate, furnish)
 Data Entry General Clerical 	□ Holiday Meals: □ Thanksgiving	□ Undie Sunday / Undie Monday □ Events
 Reception (Greet Guests) 	□ Christmas	Spiritual:
	Holiday deliveries	Chapel Services
<u>Community Service: (</u> both Closed	Miscellaneous:	Entertainment / Music / Testimony
Wednesdays)	General cleaning - indoors	Thread of Life Thrift Store:
□Clothing Closet/ sorting	🗆 Clean windows – in & out	Cashier
□Food pantry	Sweep lots, sidewalks	Clerk
Facilities:	□ Pick Up / Delivery (vehicle required)	Greeter/Donations/Clerk Assistant
General lawn care /	□ Sort Donations	Light Cleaning
landscaping	Christmas Gift Wrapping	West Street:
Weeding, lawn mowing		□ General cleaning - outdoors □ Clerical
Painting / Carpentry		

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: