



**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Organization or Company: \_\_\_\_\_

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

Church Affiliation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever plead guilty or been convicted of a criminal offense? Yes – No

If yes, please state the nature of the offense: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Relation: \_\_\_\_\_

Best way to reach them: \_\_\_\_\_

Please describe any medical conditions or disabilities that might impair your ability to perform volunteer assignments: \_\_\_\_\_

Availability:

**Days:** Monday - Tuesday - Wednesday - Thursday - Friday - Saturday – Sunday

**Starting Date:** \_\_\_\_\_

**Start time from:** \_\_\_\_\_ AM/PM **To:** \_\_\_\_\_ AM/PM

## **VOLUNTEER INTEREST**

***In order to place you in a position, we must first know of your interests. Using the Volunteer Opportunities List, please identify your area(s) of interest.***

Please list any skills, talents or training that may help us determine the best position for you to serve: \_\_\_\_\_

### OFFICE/CLERICAL

- Data Entry
- Filing
- Day Center Receptionist

### SPECIAL EVENTS

- Easter Day Meal
- Thanksgiving Day Meal
- Christmas Day Meal
- Festival of Trees
- Breakfast with Santa
- Revivals
- Easter Egg Hunt
- Klothes for Kids
- Family Festival

### FOOD SERVICES

- Food Preparation
- Meal Server

### THRIFT STORE

- Small Appliance Repair
- Clothes Sorter

### MAINTENANCE

- Painting/Wallpapering
- Trash Clean-up
- Custodial
- A/C or Heating
- Landscaping

### OTHER

\_\_\_\_\_

\_\_\_\_\_

## **ORGANIZATIONAL OPPORTUNITIES**

There are many opportunities at The Panama City Rescue Mission for companies, clubs, school groups, civic groups, etc. to become involved. Please indicate all areas your group may be interested in. You will be contacted to provide additional information when an opportunity comes available for you to serve.

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Campus Workdays      | <input type="checkbox"/> Off Campus Fund Raiser | <input type="checkbox"/> Adopt a Room |
| <input type="checkbox"/> Off-site collections | <input type="checkbox"/> Music/drama            | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Food Preparation     |   |                                       |

**Indicate your ideas:**

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER AGREEMENT**

*I certify that all statements made by me in written form to Panama City Rescue Mission are true and complete to the best of my knowledge. I have read and understand Panama City Rescue Mission's Mission Statement. I understand that by completing an application, I am NOT automatically granted a position. I understand that before making a determination as to my eligibility to serve as a volunteer, Panama City Rescue Mission may review my application, conduct a background check by contacting the individuals named as references, conduct a criminal history check with authorities, and conduct an in-person interview. I also understand that my volunteer work at Panama City Rescue Mission will be at-will and that either the organization or I may terminate the relationship without cause at any time.*

*I understand that by signing this agreement I will abide by the confidentiality regulations set forth by Panama City Rescue Mission.*

*As a volunteer, I understand that I am not paid for my services by Panama City Rescue Mission, but will regard my volunteer assignment as a serious commitment. I will respect the confidentiality of all client information available to me through my position and maintain a professional relationship with all Panama City Rescue Mission residents. I understand that I am not to form personal relationships with clients or residents of Panama City Rescue Mission, and upon doing so will result in my termination. I realize Panama City Rescue Mission will not be held responsible for any accident or injury that may occur while I am a volunteer.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For volunteers less than 18 years parent/guardian's signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Signature of Volunteer Coordinator: \_\_\_\_\_

Assignment/Area: \_\_\_\_\_

Days/Hours: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

**PERSONAL REFERENCES:**

(Church groups do not need)

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

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

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

Phone Number: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

.....  
Print Name: \_\_\_\_\_

*I agree to allow the Panama City Rescue Mission Volunteer Coordinator to contact my references before I am to volunteer at the Mission. I will not be assigned to a work area until all references have been contacted.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Panama City Rescue Mission  
Volunteer Coordinator  
609 Allen Ave Panama City, FL 32401  
Mailing Address: P.O. 2359 Panama City, FL 32402  
Ph: (850) 769-0783 Fax: (850) 763-0099 Web: [www.pcrmission.org](http://www.pcrmission.org)**