



Volunteer Coordinator Checklist – For Office Use Only

Date Application Received _____

References/State Patrol Checked _____ / _____

Interview Date _____

Interviewer _____

Volunteer Orientation Class Completed _____

*Personal Ministries
Volunteer Application*

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Birth date _____ **Marital Status** _____

Emergency Contact _____ **Phone** _____

(All information above this line must be filled in – please explain any blanks on the back of this form)

After reading our Mission Statement, Statement of Faith, and Volunteer Ministry Qualifications, what would you say are the special gifts, talents, or personality traits that you believe may be useful in working and ministry at the Olympia Union Gospel Mission.

Employed: Full Time / Part Time

Student: Full Time / Part Time

Please check the area(s) where you have an interest to volunteer.

- | | |
|--|--|
| <input type="checkbox"/> Weekday Bible Study at LRC | <input type="checkbox"/> Dishwashing or Kitchen Clean-up |
| <input type="checkbox"/> Anger Management Class | <input type="checkbox"/> Office Help/Data Entry |
| <input type="checkbox"/> Christian 12-Step Recovery | <input type="checkbox"/> Special Mailings |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> Construction, clean-up & repair |
| <input type="checkbox"/> Produce, Dairy or Bread Pick-up | <input type="checkbox"/> Special Events Team |
| <input type="checkbox"/> Holiday Meal Help | <input type="checkbox"/> Sunday LRC Bible Study |
| <input type="checkbox"/> Mentoring- Men or Women | <input type="checkbox"/> Medical: Doctors – Nurses - etc |
| <input type="checkbox"/> Kitchen: Breakfast, Lunch. Dinner | <input type="checkbox"/> Dentists: Assistants – Hygienists |
| <input type="checkbox"/> Craft/Art projects in LRC weekly | <input type="checkbox"/> Vision: Optometrists – Opticians |
| <input type="checkbox"/> Day Room Assistant | <input type="checkbox"/> Women & Family Recovery Ministry |
| <input type="checkbox"/> Men’s Recovery House Ministering | |

All Personal Ministry volunteers will be interviewed. Attendance at our Volunteer Orientation Class is mandatory, and occasional additional training may be required.

Religious Background

Please describe any former or current volunteer experience you have with your church or community organization.

I have read thoroughly and agree wholeheartedly and without reservation with the OUGM Statement of Faith: Yes _____ No _____

If "No" – Explain

I have signed the Washington State Patrol Criminal History Search Release attached to this application, and I understand that this State Patrol background check is required for all personal ministry volunteers.

I affirm that the information included in this application is true.

Signature

Date

You may or may not have contact with our clients and guests. The final decision regarding your involvement in personal evangelism and/or ministry through Olympia Union Gospel Mission will be made by our Chaplain, Program Manager, and Volunteer Coordinator.

Volunteers must be at least 18 years of age; under 18 need to have a parent with them.

Would you be willing to let us know who you work for? This is sometimes needed for grants. Thank you.
