



**"Restoring Hope, Transforming Lives"
Since 1995**

P O Box 7668 Olympia, WA 98507-7668
413 Franklin St. NE, Olympia, WA 98501
Ph: (360)709-9725 – Fax: (360)570-8848
www.ougm.org

Hello Prospective Volunteer,

Thank you for your interest in the volunteer opportunities at the Olympia Union Gospel Mission. Becoming a volunteer is easy. Here's how:

- Step 1:** Contact Mindy Owens at 360-709-9725, ext. 116, and schedule a tour of the Mission.
- Step 2:** Complete the Mission Volunteer application form. If you are a minor, your parent or guardian must complete a Minor Permission Form. You can download these forms from our website (<http://www.ougm.org/volunteer/>) or pick-up a copy at the Mission.
- Step 3:** After your Mission tour, contact Jerry Gatton at 360-709-9725, ext. 103, to reserve a seat at the next volunteer orientation. Volunteer orientation is held at the Mission on the **third Monday** of each month at 7:00 p.m. We do not have volunteer orientation in November or December.
- Step 4:** Bring your completed form(s) to the orientation. (Blank copies will be available at the orientation if you forget your copy.)

If you have any questions, please contact me at 360-709-9725, ext. 103, or email me at jerry@ougm.org. I look forward to serving the Lord with you at the Mission.

Thank you,

A handwritten signature in blue ink, appearing to read "Jerry Gatton", is written over a printed name.

Jerry Gatton,
Volunteer Coordinator



Volunteer Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (h) (c) (w) E-mail _____

Birth date _____ Marital Status _____

Emergency Contact _____ Phone _____

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

- | | |
|--|--|
| <input type="checkbox"/> Life Recovery Center (Dayroom) | <input type="checkbox"/> Quarterly Ladies Tea |
| <input type="checkbox"/> Hospitality/dayroom assistant | <input type="checkbox"/> Fund Raising and Community Relations |
| <input type="checkbox"/> Teaching/attending Bible studies | <input type="checkbox"/> Barrels (check, pick-up, and drop-off) |
| <input type="checkbox"/> Teaching/attending 12-step studies | <input type="checkbox"/> Writing for newsletter |
| <input type="checkbox"/> Kitchen help (cooking/clean-up) | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Serving meal | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Holiday Meal Help | <input type="checkbox"/> Writing grants |
| <input type="checkbox"/> Produce, Dairy or Bread Pick-up | <input type="checkbox"/> Mission administrative needs |
| <input type="checkbox"/> Music (singing, playing instruments) | <input type="checkbox"/> Office help |
| <input type="checkbox"/> Life Transformation Program (drug and alcohol addiction recovery program) | <input type="checkbox"/> Answering phones |
| <input type="checkbox"/> Mentoring/Tutoring: Men or Women | <input type="checkbox"/> Computer data entry |
| <input type="checkbox"/> Babysitting at Genesis Acres | <input type="checkbox"/> Volunteer program |
| <input type="checkbox"/> Job coaching | <input type="checkbox"/> Dentists: Assistants, Hygienists, etc. |
| <input type="checkbox"/> Housekeeping classes | <input type="checkbox"/> Vision: Optometrists, Opticians, etc. |
| <input type="checkbox"/> Clothing Bank Ministry | <input type="checkbox"/> Construction, building repair/maintenance |
| | <input type="checkbox"/> Vehicle repair and maintenance |

What special gifts, talents, or personality traits do you possess that may be useful in the ministries you identified above?

Name: _____ Application Received: _____ Orientation Date: _____ Background Check: _____

What motivated you to become part of this ministry?

Employed: Full Time Part Time Student: Full Time Part Time

Place of employment: _____

Does your business offer charitable donations (matching funds) for volunteer hours served (e.g., Boeing, Bank of America)? Yes No

When will you be available: Regularly Occasionally

If occasionally, please explain: _____

If regularly, please indicate what days and times you are available to commit to volunteering.

<i>Day of Week</i>	<i>Times</i>	<i>Day of Week</i>	<i>Times</i>
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Friday	_____
	<i>Open 6:00 am – 6:30 pm</i>		<i>Open 6:00 am – 6:30 pm</i>
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Saturday	_____
	<i>Open 6:00 am – 6:30 pm</i>		<i>Open 10:00 am – 12:00 pm</i>
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> Sunday	_____
	<i>Open 6:00 am – 6:30 pm</i>		<i>Open 8:00 am – 12:00 pm</i>
<input type="checkbox"/> Thursday	_____		
	<i>Open 6:00 am – 6:30 pm</i>		

Religious Background and References

Church Currently Attended _____

How long have you been involved with this church? _____

How frequently do you attend this church for worship, teaching & fellowship? _____

Pastor _____ Phone # _____

List two more references other than family:

Name _____ Phone # _____

Name _____ Phone # _____

All references will be checked. Attendance at our Volunteer Orientation Class is mandatory, and occasional additional training may be required. After attending the Volunteer Orientation Class, personal ministry volunteers will be interviewed by the director of the area in which you have shown interest.

Volunteer Background

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

Affirmations

I have read and agree wholeheartedly and without reservation with the OUGM Statement of Faith:

Yes No

If “No” – Explain

I understand that before I can volunteer with the women and family program at Genesis Acres, the OUGM will conduct a criminal background check and I will need to complete a disclosure statement.

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

Signature

Date



**Criminal History Disclosure Statement
 Authorization and Release
 (RCW 43.43.832 & 43.43.834)**

As a part of the volunteer application process, the Olympia Union Gospel Mission (OUGM) would like to obtain a criminal background check. For the OUGM to do so, you must complete this disclosure statement pursuant to RCW 43.43.834. A criminal history does not automatically disqualify you from ministry, but will be considered in the context of the transformational work of God in your life.

Please answer the following questions

What is your full name? _____

What is your date of birth? _____

What other names have you used? _____

Have you been convicted of a crime?
 No Yes

Have you had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830?
 No Yes

Affirmations

I understand that the Olympia Union Gospel Mission (OUGM) will notify me of the state patrol's response within ten days after receipt of the results of the criminal history inquiry. Please contact me by calling _____ (phone number) between the hours of _____ and _____, or by (explain):

I understand I am entitled to a copy of the results of my criminal background check. I understand I must call the OUGM volunteer coordinator (360-709-9725, ext 103) to arrange to pick-up a copy of the report.

I understand that the OUGM will use this record only in making the initial volunteer acceptance decision and that further dissemination or use of the record is prohibited, except as provided in RCW 28A.320.155.

I consent to and understand that OUGM will make an inquiry with the Washington State Patrol to conduct a child/adult abuse record search through the Washington Access to Criminal History (WATCH) program.

Signature	Date
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