



Dear Volunteer,

Please complete both sides of the attached volunteer application.

We keep all applications on file for one year. Applications are sorted and filed by the program and ministries that you are most interested in.

To assist us with this process please check one box below that best indicates your interests:

- Women & Children's Shelter and Ministries
- Men's Shelter and Ministries
 - Bible study instructor
 - Case Manager/Mentor
- Recovery Programs
- Education and Work Readiness Programs
 - Tutor
 - Job coach
- Food Service
- Youth & Family Programs
 - Camp Ministries
 - Child Care Center
 - Youth Mentor
 - Youth Tutor
 - Asian Ministries
 - Youth Activities Instructor/Helper to Youth and Family Programs
- Housekeeping or Maintenance
- Administration (clerical, accounting, human resources, fundraising, etc)
- Driver
- Seasonal (holiday and special events only)
- Other _____

In the event your qualifications match a need that we have, you will be contacted directly by the Volunteer Coordinator or the Program Director.

UNION GOSPEL MISSION (UGM) VOLUNTEER APPLICATION

Today's Date: _____

Name: _____
Last First Middle

Address: _____
(street address) (city) (state) (zip code)

E-Mail Address: _____ Home Phone: _____

Work Phone: _____ Referred by: _____

Have you ever worked for the Union Gospel Mission before? If so when & where: _____

EDUCATIONAL BACKGROUND:

Do you have a high school diploma or equivalent? Yes / No
Did you attend college or vocational school? Yes / No Did you graduate? Yes / No
If yes, what degree or course of study was completed? _____

EMPLOYMENT BACKGROUND:

Current/most recent employer: _____ Telephone: _____

Address: _____

Position held: _____ Dates of employment: _____

REFERENCES Please provide at least one person who is in a position of "spiritual leadership" (pastor, small group leader, etc. who is familiar with your Christian spiritual development.) Do not include relatives.

NAME	Address/Phone	Years Known	How do you know them
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you related to anyone employed at the UGM? If yes, who, what department do they work in and what is your relationship?

Have you been a client in any of the Union Gospel Mission programs? If yes, please state which program and list the dates you were in that program.

BACKGROUND INFORMATION

Have you sought treatment for use of alcohol, illegal drugs or sexual addiction? Yes / No If yes, please describe below.

Have you ever been convicted of a crime (other than a moving violation) or served time? Yes / No

If yes, please describe below. (Previous treatment or conviction of a crime does not automatically disqualify you from volunteering.)

INCIDENT	CITY/STATE	CHARGE/ISSUE
1. _____		
2. _____		
3. _____		

VOLUNTEER JOB RELATED SKILLS

If the volunteer position requires you to drive - complete the following:

Do you have the appropriate valid driver's license? Yes / No

DL# _____ Type _____ State of Issue _____

Have you had any moving violations in the past 5 years? Yes / No If "Yes", please describe

Please list any other skills, licenses or certificates that you feel would be of value to the Mission.

AVAILABILITY

If you are under the age of 18, can you provide parental permission to volunteer? Yes / No

What type of volunteering are you interested in? Full-time Part-time On Call

For what schedules would you be available? Weekdays Weekends
 Days Afternoons Evenings

On what date can you start? _____

CERTIFICATION

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time. I also agree that I am willing to submit to a background check.

Applicant's Full Name (please print)

Signed _____ Dated _____

Volunteer Pre-Service Questionnaire

Requested By: _____ Date _____ Department _____

Please answer all questions. Failure to answer any questions or incomplete information on this form is grounds for immediate termination or disqualification from volunteering at Union Gospel Mission.

PLEASE PRINT LEGIBLY

- 1) Legal Name: _____

First
Middle
Last
- 2) Birthday: ____/____/____ 3) Soc.Sec. Number: ____-____-____ 4) Gender _____
- 4) Do you have a valid Drivers License? Yes No State _____ Number _____ Exp ____
- 5) Please list all addresses of residence/employment for the past seven years:

Current Home Address:	Street	Apt	City	County	State	Zip Code
Current Employer's Address:	Street	Apt	City	County	State	Zip Code
Past Employment/Home Address	Street	Apt	City	County	State	Zip Code
Past Employment/Home Address	Street	Apt	City	County	State	Zip Code
Past Employment/Home Address	Street	Apt	City	County	State	Zip Code

6) Have you used any other names in the past seven years? Yes No

Name Used	-	Dates Used	City	State
Name Used	-	Dates Used	City	State

7) Have you ever been convicted of a crime? Yes No If yes, please complete 7A

7A)

Date	Offense	City	County	State
Date	Offense	City	County	State

If additional space is required please attach an additional sheet with the information required in 7A.

The above information is true and correct to the best of my knowledge. By signing below, I give Union Gospel Mission and The McDowell Agency, Inc. and their Agents permission to perform an investigation into my background. If accepted for enlistment as a volunteer with Union Gospel Mission this authorization is valid for the duration of my service.

Signed	Date
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