

Ventura County Rescue Mission

Volunteer Application Form



Application for Ventura County Rescue Mission (VCRM)

Date _____

General Information (please type or print clearly)

Name _____

Male Female

Address _____

17 years of age or younger

City _____ State _____ Zip _____

Home Phone _____

Email _____

Cell Phone _____

Group/Church Name _____

** If volunteer is under 18, a parent/legal guardian's signature is required.*

Experience

Education _____

School _____

Occupation _____

Employer _____

Volunteer Experience _____

Skills/Interests (mark all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Food service | <input type="checkbox"/> Mentoring/counseling | <input type="checkbox"/> Recreation/sports |
| <input type="checkbox"/> Office/administration | <input type="checkbox"/> Computers | <input type="checkbox"/> Food/hygiene drives |
| <input type="checkbox"/> Teaching/tutoring | <input type="checkbox"/> Children/youth | Other _____ |

Why would you like to be a VCRM volunteer? _____

How did you learn about VCRM? _____

Have you received services from VCRM or any other rescue mission? Yes No

Please give name of rescue mission, date(s) of services, and outcome _____

Availability

I would like to volunteer Occasionally Weekly Monthly Long Term

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Emergency Contact(s)

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

VOLUNTEER GENERAL INFORMATION AND POLICIES

Ventura County Rescue Mission (VCRM) an outreach of Rescue Mission Alliance (RMA) will not tolerate any form of harassment (verbal or physical) exploitation or intimidation of any nature from volunteers, interns, staff members, program participants or guests.

We are a rescue mission that provides emergency services and recovery programs for the poor and homeless. Please maintain a friendly but respectful and professional interaction with our mission guests and clients. Do not assist any guest or resident with money, medication, gifts or transportation. *Do not give out personal contact information, including email addresses or phone numbers.* Should a guest or resident request to contact you personally, please report to the Volunteer Coordinator. Please be sensitive to the personal space of our guests (men, women and children). Ask permission before touching any guest or resident for any reason.

DRESS CODE/SAFETY ISSUES

- Administrative volunteers may wear casual clothing appropriate for a professional business environment.
- All non-administrative volunteers must wear closed-toe and closed-heel shoes. Wear modest clothing you are comfortable moving in and don't mind getting a little dirty!
- All volunteers should be aware that by volunteering in any area assigned, you may be subjecting yourself to wet floors, sharp kitchen utensils, and all such related safety issues of that workspace, and if not careful could potentially result in bodily harm to you or others around you. VCRM is not responsible for any accidents that may occur while you are volunteering at this facility or any of the offsite locations where we conduct outreach or special activities.

GENERAL CODE OF CONDUCT RULES

As a volunteer you represent VCRM to the public. You accept responsibility for this status and will conduct yourself in a professional manner. You are expected to be clean and sober when participating as a VCRM volunteer.

You must maintain the confidentiality of all volunteers, clients, guests, residents and donors about whom you have personal or identifying information. You must not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. You must maintain an atmosphere of physical and emotional safety for everyone associated with VCRM including but not limited to employees, volunteers, clients, guests, residents and visitors.

VCRM is an organization assisting vulnerable men, women and children. No one who has ever been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense may serve as a volunteer.

As a volunteer, your activities may include potential hazards, including but not limited to (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations and (d) other potential risk of injury. You must be willing to provide volunteer service with the knowledge of the potential hazards involved and agree to accept any and all risks of injury without any recourse to or against VCRM.

**Ventura County Rescue Mission
Volunteer Agreement and Liability Release**

I wish to volunteer for Ventura County Rescue Mission (VCRM) or its affiliates (together with RMA). I agree and release VCRM as follows:

I have read, understand and will observe VCRM's Volunteer General Information and Policies, as may be updated from time to time.

I acknowledge that VCRM is an organization assisting vulnerable men, women and children. I hereby confirm that I have never been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection herewith.

I understand that my activities as a volunteer may include potential hazards and risk of physical harm. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against VCRM.

I hereby release VCRM, and the RMA, its directors, officers, partners, agents, employees, successors, assignees, licensees, sponsors, donors, representatives, guests and affiliates from all actions, claims, suits or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a volunteer.

I have carefully read this agreement, and the Volunteer General Information and Policies referenced herein, and fully understand their contents. I am aware that this is a release of liability and I sign it of my own free will. †

Volunteer Name (please print) _____

Volunteer Signature* _____ **Date** _____

**For volunteers under 18, a parent or legal guardian's signature is required below.*

This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to his/her release as provided above, and for myself, my assignees, heirs, guardians and legal representatives, release VCRM and RMA for any and all claims now have or may hereafter arising out of, based upon or relating to my minor child's participation as a volunteer. †

Parent/Legal Guardian Signature _____ **Date** _____

† I acknowledge that I have been informed and am aware of the provisions of California Civil Code § 1542, which reads as follows:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.”

I expressly waive and relinquish all rights and benefits which I have or may have had under said section, and any similar provision of state or federal law. I further understand and acknowledge the significance and consequences of a specific waiver of Section 1542, and any similar provision of state or federal law, and hereby assume full responsibility for any damages or losses sustained by me of any sort or nature that might otherwise have been or are assertable as claims arising directly or indirectly out of, or relating to, this agreement, and any other aspect of my volunteer activities.

I also irrevocably grant to Ventura County Rescue Mission (VCRM) and Rescue Mission Alliance (RMA), its assigns and successors, my consent and full right to use my name, photo, likeness and written feedback in any and all media, publications, advertising and publicity. I grant permission to be filmed or taped by VCRM or the news media.

[] Yes [] No **Initial** _____