



**OFFERING THE FOLLOWING SERVICES TO HOMELESS IN SAN JOAQUIN COUNTY:**  
Emergency Lodging - New Hope Family Shelter – New Life Addiction Treatment – Hope Housing - Representative Payee Services – Hope Learning Center – Clothing Room / Thrift Store – Respite Care – Gleason House Medical Clinic

**VOLUNTEER APPLICATION**

**Today's Date:** \_\_\_\_\_

**First/Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Physical Limitations:** \_\_\_\_\_

**Member of What Church:** \_\_\_\_\_

**Current/Last Occupation:** \_\_\_\_\_

**Education (Degree/Last Grade Completed):** \_\_\_\_\_

**Volunteer Interests:** \_\_\_\_\_

**Days/Times of Availability:** \_\_\_\_\_

**In Case Of Emergency Contact:** \_\_\_\_\_

**Personal Reference #1: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Personal Reference #2: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**IMPORTANT: By signing below, I understand that:** I am 16 years (with parental/guardian consent) or older. I will not become a paid employee. I have filled out the Volunteer Application completely with either the requested information or "N/A" when the answer is "not applicable". I agree to comply with all Volunteer Responsibilities. I will assume responsibility for all injuries occurring to me in my role as a volunteer. I give Gospel Center Rescue Mission permission to use images and video of my volunteer service for promotional purposes. If I volunteer with children, I agree to pay all expenses for the routine criminal record check & TB test (all results will be kept confidential).

Learn more about volunteering at Gospel Center Rescue Mission at [www.gcrms.org/volunteers.htm](http://www.gcrms.org/volunteers.htm)

**I understand Printing (or Typing) Same as Signing:** \_\_\_\_\_

## **VOLUNTEER RESPONSIBILITIES**

### **Responsibilities:**

1. Check-in with staff in charge when you first arrive and right after you finished your time of service.
2. Follow all duties and responsibilities as instructed by the staff in charge.
3. Sign-in and sign-out on a volunteer sheet.
4. Please do not leave the assigned work area until instructed to do so.
5. Please do not be alone with a client.
6. No fraternizing with clients, men or women that we serve. *No personal information is to be exchanged.*
7. Follow all safety instructions as given by staff in charge.
8. No drugs or alcohol are allowed on campus.
9. Ask questions of the staff in charge, if not clear on instructions.
10. Report to the staff in charge if there are any concerns regarding your safety or the safety of others.
11. Volunteers under 18 years old are not allowed to serve Emergency Lodge Guests for their own safety.

**Dress Code:** You must wear closed-toed shoes to protect your feet. No red or blue shirts/sweaters, tank tops. There are also no mid-riff shirts, shorts, sandals or flip-flops to be worn. *Thank you!*

I hereby agree to these rules and am aware that if I should violate any of the above, I may be asked to leave the campus. Please read and sign **CONFIDENTIALITY** statement below.

Gospel Center Rescue Mission and I shall hold in confidence all information regarding donors and clients obtained in the course of my volunteer/intern service, whether that information is obtained through written records or interaction with staff.

Therefore, outside of the discussion needed to fulfill my assigned duties as directed by staff, I will not disclose an individual's confidences to anyone except: 1) as mandated by law; 2) to your immediate supervisor to prevent a clear and immediate danger to a person or persons; 3) where I am compelled to do so by a court or pursuant to the rules of a court.

I shall respect the privacy of the clients and donors at the Gospel Center Rescue Mission, and I shall hold in confidence all information obtained in the course of my volunteer/intern service at the Gospel Center Rescue Mission, whether information is obtained through written records or interaction with clients and or staff.

I shall store or dispose of professional records, including donor and client records, in ways that maintain confidentiality.

I shall possess a professional attitude which upholds confidentiality toward the people that we serve, support us, our colleagues, and any sensitive situation arising within this agency.

I understand the confidentiality of donors (identities and amounts) of the GCRM is important in both Biblical and secular terms.

I understand that violation of this confidentiality statement may be grounds for immediate termination of my position as a volunteer/intern and or prosecution by federal confidentiality laws.

In volunteering my services, I understand that I will not become a paid employee. I will assume responsibility for all injury occurring to me in my role as a volunteer/intern. A routine criminal record check will be made of all new volunteer staff that would be working with children or confidential information. The results are kept confidential. **NOTE: Typing name below indicates agreement with confidentiality statement.**

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Volunteer / Intern Sign

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Date

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Staff Sign