



VOLUNTEER- GROUP APPLICATION

Primary Contact: _____ Date of Birth: ___/___/___
Last Name First Name

*Primary Address: _____ City _____ State _____ Zip _____

Email Address: _____

Employed with: _____ Do they match hours? Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Secondary Contact: _____ Date of Birth: ___/___/___
Last Name First Name

Email Address: _____

Employed with: _____ Do they match hours? Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Church/Organization Name: _____
Street City St Zip

Number of Group Participants: _____ Group's Age Range: _____

Activity: _____

Availability Calendar: Sun. Mon. Tue. Wed. Thu. Fri. Sat.

Holiday(s) (Please specify: _____)

9AM-12M 12N-3PM 3PM-7PM (on the days chosen)

***Primary Emergency Contact Name** _____ **Phone** _____

Secondary Emergency Contact Name _____ **Phone** _____

Member #3: _____ **DOB:** _____

Member #4: _____ **DOB:** _____

**VOLUNTEER RIGHTS & RESPONSIBILITIES
& DISCONTINUANCE OF SERVICES**

As a Volunteer with the Everett Gospel Mission, you have the Right to:

- Be provided the training you need to succeed in your volunteer position.
- A safe and comfortable environment at the Mission.
- Give feedback in the form of an evaluation.
- Change or terminate your volunteer activity if you feel that it is not a fit for you.

As a Volunteer with the Everett Gospel Mission, you have the Responsibility to:

- Dress modestly and appropriately. Please refrain from wearing tank tops, mid-drift tops, shorts, and any other clothing that is tight, low-cut, or has lewd or indecent imprints. If you are dressed inappropriately, you may be asked to reschedule your activity.
- Keep all client information absolutely confidential.
- Be wise and follow the guidelines below:
 - Do not give money to anyone.
 - Do not give rides to anyone.
 - Do not give personal information to clients.
 - Never be alone with anyone of the opposite gender.
 - Do not leave personal belongings unattended.
 - Do not make any decisions for the clients; refer them to an EGM staff member if they need assistance.
- Take any problems, criticisms, or suggestions to the Volunteer Coordinator at: (425) 252-1297, ext. 234.

Discontinuance of Volunteer Services:

I understand that the Everett Gospel Mission has the right to discontinue my services as a volunteer as a result of: (a) a failure to comply with volunteer responsibilities; (b) unsatisfactory attitude, work, or appearance; (c) or any other circumstances which would make my continued service as a volunteer contrary to the best interest of the organization.

I have read each of the above rights and responsibilities, and agree to abide by each of them.

Primary Volunteer's Name: _____

Date: _____

Secondary Volunteer's Name: _____

Date: _____

EVERETT GOSPEL MISSION VOLUNTEER MINISTRY INTERESTS

Please check areas of interest from this list:

○ Administrative Building:

- Office cleaning Filing Organizing

○ Angel Tree Project (Christmas only):

- Single Women Mothers & Children Lydia House

○ Chapel/Devotional Leader:

- Men's Shelter Women's Shelter

○ Children's Ministry:

- Arts & Crafts Book Club Movie Night Bible Study

○ Coat Drive:

- Weekly Monthly Annually

○ Crafts & Hobbies:

- Men Women Lydia House

○ Drama/Music Ministry:

- Human Videos Youth Groups Vocalists
 Musicians Holidays Chapel Services

○ Easter Crafts:

- Baskets Egg Hunts Provide Easter Basket Supplies

○ Haircutting:

- Men Women Children Lydia House

○ Landscaping:

- Women & Children's Shelter Lydia House
 Weekly Monthly Seasonally

○ Linen Drives:

- Women & Children's Shelter Men's Shelter

○ Meal serving:

- Weekly Monthly Special Events

○ Professional Expertise:

- Legal Medical Dental Eye

○ Other (Please specify _____)

Are you able to work on long-term projects? Yes No

Are you able to work with limited notice? Yes No

Please specify if there are other activities you'd like to do that aren't listed:
