

Boston *Rescue* Mission

Transforming lives since 1899

Volunteer Services: (617)-338-9000, ext.1230
39 Kingston Street ♦ Boston, MA 02111

Individual Volunteer Application

Name	Current Employer
Address	Address (work)
Telephone	Phone
E-mail	Today's Date

High School	Degree
College	Degree
Graduate Study	Degree

How did you learn about volunteer opportunities at The Boston Rescue Mission?

Please list any skills, hobbies, special training, or interests that might be useful at the Mission:

Have you previously volunteered at the mission? ___ Yes ___ No

Have you ever used services from or resided at the Boston Rescue Mission? ___ Yes ___ No

Are you interested in

short-term volunteer service (one time) ___

long-term volunteer service (consistent basis-please specify) _____

Will this be part of your internship program? ___ Yes ___ No

Is your internship a part of the school supervised program? ___ Yes ___ No

If yes, please give name of the professor and the phone number to be contacted: _____

Are you volunteering to complete your court ordered community service or probation hours? ___ Yes ___ No

Date of Birth: ____/____/____
(month /day /year)

WHAT KIND OF SERVICE OPPORTUNITIES ARE YOU INTERESTED IN?

Check as many as you want.

- Weekday kitchen shifts
(Preparing and serving food, working in pantry, light cleaning, unloading donations, etc.)

___M ___T ___W ___Th ___F

___ 9-12pm ___ 3 :00-6 :30pm or I can't come in during Weekdays.

- Saturday Kitchen Shifts 9-12pm
- Saturday Outreach
(Groups prepare meals, distribute them in the Common) 7:30am – 10am
- Front Desk Attendant (shift times vary)
- Maintenance (cleaning, painting, repairs etc)
- Driver – mostly picking up food donations – must have license & be able to lift 50 lbs.
- Office Volunteer – filing, scanning, data entry & other general office duties
- Spiritual Mentor*
(Bible study, prayer, encouragement, etc.)
Weekly commitment for several months
For more info contact: Mike Way (617) 338-9000 ext. 215, mikewaybrm@gmail.com
- Prayer Support*
for more info contact: Mike Way (617) 338-9000 ext. 1215, mikewaybrm@gmail.com
- Fresh Start Instructors/Coaches* (job training & life skills classes)
8 weeks. For more details call (617) 338-9000 ext. 1240
- Other* _____

Character References: Because of the nature of our clientele (many are in recovery from substance abuse), we need to ensure their safety and well-being and carefully screen all of our volunteer applicants. Please provide the name and address of three non-related persons who would be willing to provide personal references ---a professor, employer, supervisor, spiritual leader, etc.

Name	Position	Phone/Email(preferred)

Have you ever been convicted for any crime including sex-related or child abuse related offenses? _____

Have you ever been required by any licensing board or professional ethics body to surrender your license or been found guilty of violation of professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence? _____

Comments

In case of an emergency:

Name	Relationship
Address	Home Phone
Work address	Work Phone

By his/her signature below, the participating individual voluntarily agrees to assume and/or incurs all risks of loss, impairment, damage or injury of whatever kind, including death, that may be sustained or suffered while volunteering for the Boston Rescue Mission whether or not the result in whole or in part of acts or omissions, negligence or other unintentional fault of the Boston Rescue Mission. In addition, the participant (including his/her heirs, assigns and personal representatives) agrees to release, hold harmless, and indemnify the Boston Rescue Mission from and against any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including attorneys' fees) on account of property damage or personal injury (including death) arising out of or attributable to the individual's volunteer work. The participant also agrees to keep confidential all Boston Rescue Mission client information. Volunteers must be 18 years old unless accompanied by an adult.

Name: _____
Date: _____

Signature: _____

Would you like to receive our newsletter? Yes ___ No ___

Paper Newsletter ___ E-Newsletter ___

Please send the completed form back to:
Volunteer Coordinator
Boston Rescue Mission
39 Kingston Street
Boston, MA 02111

Or fax it to:
Attn: Volunteer Coordinator
617-482-6623