



Lebanon Rescue Mission

P.O. Box 5

Lebanon, PA 17042

(717) 273-2301

www.lebanonrescuemission.org

VOLUNTEER APPLICATION

NAME: _____ DATE: _____
(FIRST MIDDLE LAST)

ADDRESS: _____

CELL PHONE #: _____ HOME PHONE #: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME, RELATIONSHIP, AND PHONE #: _____

CHURCH AFFILIATION (if you would like to share it): _____

EMPLOYER: _____ POSITION: _____

EMPLOYER'S ADDRESS: _____

HIGHEST EDUCATION COMPLETED: _____

WHEN ARE YOU AVAILABLE?: _____

INDICATE ALL AREAS IN WHICH YOU WOULD LIKE TO VOLUNTEER:

☞ MEN'S MINISTRY

- Kitchen
- Clothing Closet
- Office Help
- Housekeeping
- Special Events
- Errands/Volunteer Driver
- Maintenance
- Holiday Meals

☞ AGAPE FAMILY SHELTER

☞ LEBANON FREE CLINIC

** A Copy of Volunteer's Current Driver's License is required only if Volunteer will be a driver.



AFFIDAVIT OF CONFIDENTIALITY

The **Lebanon Rescue Mission** adheres to the principle of maximum confidentiality. Accordingly, all board members, staff, volunteers, and others associated with the operation of this non-profit organization shall keep all information regarding clients or organizational business in strictest confidence.

I understand the requirements for confidentiality and agree to abide thereby. I further understand that a violation of confidentiality requirements could result in immediate termination of my involvement with the Lebanon Rescue Mission.

APPLICANT'S SIGNATURE _____

DATE _____

RELEASE OF LIABILITIES

I, _____, have read the statement of risk and concern (attached) and release the **Lebanon Rescue Mission**, its employees, officers, and directors of any and all liability arising out of my volunteer work at the Mission whether as a result of the negligence of the Mission's clients, agents, servants or employees or otherwise. I especially waive any or all rights I may have to sue the Mission for damages if I contract any illness in the course of my volunteer work.

APPLICANT'S SIGNATURE _____

DATE _____

BACKGROUND CHECK ON VOLUNTEER APPLICANTS

Due to insurance requirements, the **Lebanon Rescue Mission** will need to run a background check on all volunteer applicants that will be ministering within the Mission or anyone with client contact. The results of this report will be maintained in a strictly confidential manner.

I hereby authorize the **Lebanon Rescue Mission** to obtain information and to inspect and copy records which might bear on my fitness to become a volunteer partner. I understand that the information sought will relate solely to issues surrounding my capacity to become a volunteer partner. I understand information will be obtained from a variety of sources which may include, but are not limited to, law enforcement agencies, social service agencies, and child protective services, employers, and other agencies or individuals who may have knowledge pertaining to my capacity to become a volunteer partner. The information obtained shall remain confidential and any re-disclosure shall be with my consent, unless otherwise provided by statute.

APPLICANT'S SIGNATURE _____

DATE _____

PHOTO RELEASE

I _____ hereby acknowledge and will release the photograph/video taken of my likeness to be used for any/all advertising and/or promotion in print, television, direct mail, collateral or digital materials. For this use, I will receive no financial consideration.

APPLICANT'S SIGNATURE _____

DATE _____

PARENT'S SIGNATURE _____
(if Applicant is 18 years old or younger)

DATE _____



STATEMENT OF RISK AND CONCERN

The **Lebanon Rescue Mission** is concerned for the health, safety, and welfare of our staffs, clients, and volunteer partners. We invite you to join in the concern by offering suggestions, reporting and commenting whenever you believe these will aid in protecting the health, safety, and welfare of all the clients, staff, and volunteer partners. We also expect you to act responsibly where you or other individuals' safety and health are concerned.

Employees and volunteer partners are often exposed to communicable illnesses common to young children from minor illnesses to major ones. It is often difficult to obtain complete or accurate health histories of our clients, or any of the guests we serve at an event. As a result it may be difficult or impossible to assess the risk of exposure to illnesses from any particular person. Most of our clients and guests have experienced the effects of poverty and they may have received inadequate health care in the past and be at higher risk than the general population for exposure to serious communicable illnesses such as TB, AIDS, venereal disease, hepatitis, and CMV (a virus that could affect an unborn child).

APPLICANT'S SIGNATURE _____

DATE _____

Again, thank you for coming to the Lebanon Rescue Mission and your interest in becoming a Volunteer Partner. If you have any questions, please feel free to call me at the Mission, 717-273-2301.

Jenny Topping, Food Services Manager

FOR STAFF USE ONLY

Background Check completed on: _____

Staff Initials: _____

Staff Member's Signature and Date: _____

Interview Date: _____

Staff Initials: _____

Date Volunteer to Begin: _____

Assignment: _____

Date Orientation Completed: _____



VOLUNTEER POLICIES AND GUIDELINES

Confidentiality – The identity of guests and students met at the Mission; and any specific information about them is confidential information. It is expected that Volunteers will not identify guests or students or former residents of the Mission or to discuss their circumstances with other individuals. No pictures or videos may be taken of the guests or children (without staff approval and release forms).

Schedule – Volunteer will be assigned specific responsibilities and time commitment to be mutually agreed upon by the Volunteer and Supervisor. Volunteers are a viable and necessary part of the ministry team and it is expected that all Volunteers will report for duty as agreed upon. Please arrive before your scheduled time. In the event of an emergency, illness or vacation, please call us as soon as possible (24 hour notice would be much appreciated) informing the Supervisor of the emergency.

Providing Assistance to Clients – If a client requests assistance from you or informs you of a need please notify the Supervisor and encourage the guests or clients to do so as well. Lebanon Rescue Mission Staff members work with the guests and students to secure needed resources in the community, and this procedure will prevent duplication of efforts and any safety issues.

Visitors – Visitors are welcome to come to the Mission for a tour if advance arrangements are made. Visitors should not accompany Volunteers during their regular shifts. If an individual is interested in volunteering, they must first complete the Mission tour and go through the volunteer partner application process.

Gifts – Volunteers are asked to not ask for nor receive any donations for personal needs from the Distribution Center. Donations are given to the Lebanon Rescue Mission for the use of families that are in need coming to Community Ministries for assistance. Please honor this request with regard to donations to the Mission.

Clothing – Volunteers are in leadership positions while partnering with the Mission and have the opportunity to model appropriate behavior and manner of dress for the guests and students. Clothing should be clean, neat, and modest.

Smoking – Smoking may only happen within designated areas. If you drive a Mission vehicle as part of your job duties, you may not smoke in these vehicles.

Drugs/Alcohol – Our desire is to create a safe environment for our clients and staff. Therefore, if there is suspicion that you are under the influence of drugs or alcohol while you are volunteering on site, we reserve the right to conduct a drug or alcohol test.

Allowing Clients to Move into Your Home – Please do not invite a guest or student to visit you or move into your home. Please bring this to the attention of the Lebanon Rescue Mission Supervisor.

Transportation – Please do not agree to transport a guest or student of the Mission unless you are assigned by your Lebanon Rescue Mission Supervisor and are part of your official duties, and you are on the Lebanon Rescue Mission's Insurance.

Restrictions – As a Volunteer of the Lebanon Rescue Mission, I understand the importance of certain restrictions for my protection, as well as the protection of those I am serving. I understand that Lebanon Rescue Mission wishes to provide a healing environment and I chose to do my part to keep it that way.

Boundaries – I choose to keep myself above reproach and be a Christ-like example to all. I will do only what is assigned to me by my Supervisor and stay in my work area. I will not roam around the event or be alone with any guest or student. I will refrain from physical contact of any kind.

Counseling – I choose to follow the structure of the Volunteer program by refraining from giving individual counsel, advice or prayer unless the Supervisor is made aware and agrees.

APPLICANT'S SIGNATURE _____

DATE _____

SUPERVISOR'S SIGNATURE _____

DATE _____