NAME, PLEASE PRINT CLEARLY | PHONE NUMBER | EMAIL ADDRESS

ANCHORAGE
GOSPEL RESCUE MISSION

More Than a Meal. A Life Made New.

APPLICATION TO VOLUNTEER

Volunteer Application

Give a morning, a shift, or a standing week

Volunteers are how the Mission serves thousands of meals a month and keeps its doors open. Tell us when you are free and where you would like to help, and we will find the right fit. Please complete every page.

Incomplete applications will not be processed. Please answer every area, including the references and the Code of Conduct.

STAFF INITIALS AND DATE

ANCHORAGE GOSPEL RESCUE MISSION
2823 East Tudor Road, Anchorage, Alaska 99507
907-563-5603 main · 907-563-3863 fax · anchoragerescue.org

CONTACT INFORMATION

NAME

STREET ADDRESS

CITY | STATE | ZIP

HOME PHONE | WORK OR CELL PHONE

EMAIL ADDRESS

AVAILABILITY

During which hours are you available for volunteer assignments? Check all that apply.

- ☐ Weekday mornings
- ☐ Weekday afternoons
- ☐ Weekday evenings
- ☐ Weekend mornings
- ☐ Weekend afternoons
- ☐ Weekend evenings

Date you could start

INTERESTS

Tell us which areas you are interested in volunteering for. Check all that apply.

- ☐ Administration
- ☐ Field work
- ☐ Deliveries
- ☐ Newsletter production
- ☐ Events
- ☐ Fundraising
- ☐ Phone bank
- ☐ Volunteer coordination

Something else? Tell us

SPECIAL SKILLS OR QUALIFICATIONS

Summarize the skills and qualifications you have picked up through employment, previous volunteer work, or other activities, including hobbies and sports.

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience. Include where you served and what you did.

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME

RELATIONSHIP TO YOU

STREET ADDRESS

CITY / STATE / ZIP

HOME PHONE

WORK OR CELL PHONE

EMAIL ADDRESS

REFERENCES

Church affiliation

Church references. A pastor or two congregants. Please give a full name and a phone number or email for each.

1. NAME

PHONE OR EMAIL

2. NAME

PHONE OR EMAIL

IF YOU HAVE NO CHURCH AFFILIATION

Please give an employer reference.

EMPLOYER REFERENCE, NAME

PHONE OR EMAIL

IF YOU ARE NOT EMPLOYED

Please give a personal reference.

PERSONAL REFERENCE, NAME

PHONE OR EMAIL

AGRM CODE OF CONDUCT

The Anchorage Gospel Rescue Mission is a community faith-based organization dedicated to providing meals, shelter, and Biblically sound spiritual guidance. Taking part in our programs means observing our rules and procedures.

> **The activities listed below are strictly prohibited.** Any volunteer, participant, or staff member who violates this Code is subject to discipline, up to and including removal from the program.

- Abusive language toward a staff member, another volunteer, or another program participant.
- Possession or use of alcoholic beverages or illegal drugs on AGRM property, or reporting to our volunteer program while under the influence of drugs or alcohol.
- Bringing dangerous or unauthorized materials onto AGRM property, such as explosives, firearms, weapons, or similar items.
- Discourtesy or rudeness to a staff member, another volunteer, or another program participant.
- Verbal, physical, or visual harassment, including anything of a sexual nature, of a staff member, another volunteer, or another program participant.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health, or well-being of others.
- Failure to follow any AGRM policy or procedure.
- Bullying or taking unfair advantage of any participant.
- Failing to cooperate with an adult supervisor, leader, or mentor.

I have read and I understand the Anchorage Gospel Rescue Mission Code of Conduct. I agree to abide by the rules described above, and I understand that I may be removed as a volunteer if I violate any of them.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME, PRINTED _____ **DATE** _____

SIGNATURE _____ **DATE** _____

VOLUNTEER COORDINATOR SIGNATURE _____ **DATE** _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application and for your interest in volunteering with us. Return it to the Front Office, and we will be in touch about next steps.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED