Volunteer Application Please Print



APPLICATION DATE	Male	e 🗆 Female		RESCUE MISSION
Name			D.O.B	
Address	City/Sate/Zip			
Home Phone	Cell Phone	Email		
Group /Church/Company Name				
How did you learn about SFVRM?				
* If volunteer is under 18, a parent/legal guardia	an's signature is required			
Occupation	Employer_			
Volunteer Experience				
Education, Special Training, Interests, Hol	obies, Skills			
Special Certification (CPR, advanced drive	r's license, medical, etc.)			
Languages spoken in order of fluency				
Check the following program(s) you woul	d like to volunteer in:			
☐ Breakfast/Dinner Hosting ☐ Shelte	er Activities SOS Food Servi	ce 🗌 Off	ice/Administration	
☐ Case Management ☐ Food/Hygiene	/General Drive Special Events	Thrift Sto	re Other	
* Some Volunteer Opportunities require an inte	rview and/or additional paperwork before sta	arting	_	
Availability: I would like to volunteer	Occasionally	Monthly	Long Term	
List days/time frames of availability				
Do you have service hours that need to b	e completed: Yes No - I	f yes, note hov	v many hours	
When are the hours due?	List agency (court ord	ered, school, e	tc.)	
Have you ever been convicted of or plead	guilty to any crime(s): Yes	□No		
If yes, describe in full				
Conviction Date (Month/Year)				
Emergency Contact(s)				
Name:	Phone		Relation	
Name:	Phone		Relation	
References				
Name:	Phone		Relation	
Name:				
	For Office Use Only		•••••	
☐ ID Copied ☐ Registered for Orientation - Da	te:			
☐ Orientation Attended; Date:	Did Not Attend Orie	ntation		
☐ ML Check—No Match ☐ ML Check—Matc	h Found - Date Checked:			
☐ Approved ☐ Denied - If so, why				
☐ Followed up - Date	☐ Application entered into database			

VOLUNTEER GENERAL INFORMATION AND POLICIES

San Fernando Valley Rescue Mission (SFVRM) an outreach of Rescue Mission Alliance (RMA) will not tolerate any form of harassment (verbal or physical) exploitation or intimidation of any nature from volunteers, interns, staff members, program participants or guests.

We are an emergency family shelter for homeless children and their parents. Please maintain a friendly but respectful and professional interaction with our shelter guests and clients. Do not assist any guest or resident with money, medication, gifts or transportation. <u>Do not give out personal contact information, including email addresses or phone numbers.</u> Should a guest or resident request to contact you personally, please report to the Volunteer Coordinator. Please be sensitive to the personal space of our guests (men, women and children). Ask permission before touching any guest or resident for any reason.

DRESS CODE/SAFETY ISSUES

- · Administrative volunteers may wear casual clothing appropriate for a professional business environment.
- All non-administrative volunteers must wear closed-toe and closed-heel shoes. Wear modest clothing you are comfortable moving in and don't mind getting a little dirty!
- All volunteers should be aware that by volunteering in any area assigned, you may be subjecting yourself to wet floors, sharp kitchen utensils, and all such related safety issues of that workspace, and if not careful could potentially result in bodily harm to you or others around you. SFVRM is not responsible for any accidents that may occur while you are volunteering at this facility or any of the offsite locations where we conduct outreach or special activities.

GENERAL CODE OF CONDUCT RULES

As a volunteer you represent SFVRM to the public. You accept responsibility for this status and will conduct yourself in a professional manner. You are expected to be clean and sober when participating as a SFVRM volunteer.

You must maintain the confidentiality of all volunteers, clients, guests, residents and donors about whom you have personal or identifying information. You must not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. You must maintain an atmosphere of physical and emotional safety for everyone associated with SFVRM including but not limited to employees, volunteers, clients, guests, residents and visitors.

SFVRM is an organization assisting vulnerable men, women and children. No one who has ever been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense may serve as a volunteer.

As a volunteer, your activities may include potential hazards, including but not limited to (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations and (d) other potential risk of injury. You must be willing to provide volunteer service with the knowledge of the potential hazards involved and agree to accept any and all risks of injury without any recourse to or against SFVRM.



Photo and Material Release

ı	hereby give the Rescue Mission
	, hereby give the Rescue Mission arestricted permission concerning any photographs that are taken or may be
· ·	thers, to use, reuse, publish, and republish the photographs in whole or in part,
-	in any and all media now or hereafter known, including the internet, and for any
•	tion, promotion, art, editorial, advertising, and trade, without restriction as to
	h any use if they so choose. I release and discharge Rescue Mission Alliance from
·	it of or in connection with the use of the photographs, including without
imitation any and all claims for libel or violation of	f any right of publicity or privacy. This authorization and release shall also inure
to the benefit of the heirs, legal representatives, li	icensees, and assigns of Rescue Mission Alliance, as well as the person(s) who
took the photographs. I am a legally competent ac	dult and have the right to contract in my own name. I have read this document
and fully understand its contents. This release sha	all be binding upon me and my heirs, legal representatives, and assigns.
If subject is not yet (18) years old, the child's pare	ent or guardian must complete and sign the following:
ı,	, hereby warrant that I am the parent/guardian of
	, a minor, and have full authority to authorize
the above release, which I have read and approve	ed. I hereby release and agree to indemnify the licensed parties and their
respective successors and assigns, from and again	nst any and all liability arising out of the exercise of the rights granted by the
above release.	
Name:	Date:
Name.	Date.
Address:	
Phone:	Email:
Witness for the undersigned:	
Signature:	

San Fernando Valley Rescue Mission

Volunteer Agreement and Liability Release

I wish to volunteer for San Fernando Valley Rescue Mission (SFVRM) or its affiliates (together with RMA). I agree and release SFVRM as follows:

I have read, understand and will observe SFVRM's Volunteer General Information and Policies, as may be updated from time to time.

I acknowledge that SFVRM is an organization assisting vulnerable men, women and children. I hereby confirm that I have never been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection herewith.

I understand that my activities as a volunteer may include potential hazards and risk of physical harm. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against SFVRM.

I hereby release SFVRM, and the RMA, its directors, officers, partners, agents, employees, successors, assignees, licensees, sponsors, donors, representatives, guests and affiliates from all actions, claims, suits or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a volunteer.

I have carefully read this agreement, and the Volunteer General Information and Policies referenced herein, and fully understand their contents. I am aware that this is a release of liability and I sign it of my own free will. †

Volunteer Name (please print)

Volunteer Signature*	Date
For volunteers under 18, a parent or legal guardian's signature is requ	uired below.
This is to certify that I, as parent/legal guardian with legal responsibil and agree to his/her release as provided above, and for myself, my SFVRM and RMA for any and all claims now have or may hereafter a participation as a volunteer. †	assignees, heirs, guardians and legal representatives, release
Parent/Legal Guardian Signature	Date

- † I acknowledge that I have been informed and am aware of the provisions of California Civil Code § 1542, which reads as follows:
- "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."
- I expressly waive and relinquish all rights and benefits which I have or may have had under said section, and any similar provision of state or federal law. I further understand and acknowledge the significance and consequences of a specific waiver of Section 1542, and any similar provision of state or federal law, and hereby assume full responsibility for any damages or losses sustained by me of any sort or nature that might otherwise have been or are assertable as claims arising directly or indirectly out of, or relating to, this agreement, and any other aspect of my volunteer activities.