

VOLUNTEER APPLICATION

"Leading our community by serving the homeless with help, hope, and healing..."



Volunteer Name: (first, middle, last) _____ Date: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
E-mail Address: _____ Birth date: _____
Emergency Contact Name: _____ Phone: _____
Would you like to receive CRM's bi-monthly newsletter? Yes, please No, thanks

Current Occupation _____

Name of Employer: _____
Title of Position: _____
Name of Supervisor: _____

Background Check

We require an Oklahoma State Bureau of Investigation (OSBI) background check for all volunteers. The background check can be obtained by filling out one of the following forms. A sex offender check is required. Please request it at the time of your background check. You can choose to go to OSBI's office and have it done in person (it takes about 20 minutes) or fax your request with credit card info and they will fax your results back to you. OSBI charges \$15 for their service. Please submit your background check results with your completed volunteer application. (If you have lived in Oklahoma for less than a year, please contact Sabrina Fox for additional help.)

Volunteer Background

Have you ever volunteered before? _____

If Yes, When and Where? _____

Why do you want to volunteer at City Rescue Mission? _____

Volunteer Interests Please indicate the type of volunteer work you are interested in performing.

Morning Opportunities:

- ◇ MD, Dentist, Health Professional
- ◇ Housekeeping
- ◇ Kitchen Help (5:30-7am)
- ◇ Maintenance

Afternoon Opportunities:

- ◇ MD, Dentist, Health Professional
- ◇ Children's Tutoring (M-Th 3:45-5)
- ◇ Kitchen Help (10:30am-1:pm)
- ◇ Housekeeping
- ◇ Administrative Help
- ◇ Women's Shelter Activity
- ◇ Maintenance

Evening Opportunities:

- ◇ Children's Church (Tues 7-8pm)
- ◇ Kitchen Help (4:30-6:30pm)
- ◇ Men or Women's Shelter Activity

Time Availability: Please check the days you are willing to volunteer. *Note: We are looking for **COMMITTED** volunteers that can give their time on a regular basis.*

- Monday Tuesday Wednesday Thursday Friday
 Daily Weekly Bi-Weekly Monthly Other:

*Currently, the only weekend volunteer opportunity is kitchen help.

Volunteer Orientation: In order to volunteer at City Rescue Mission, you must go through the Volunteer Orientation. It will only take about an hour and you will get to know some of the staff, the rules, and you will be able to ask any questions you have about your role as a volunteer. Please select the best option below.

- Third Friday of the month
at 6:00pm to 7:30 pm. Third Saturday of the month
at 11:00 am to 12:30pm.

Statement of Faith: Please sign below if you acknowledge CRM's Statement of Faith.

At CRM, we believe the Bible to be inspired by God and infallible. We believe in the Holy Trinity and in the deity of Christ. We understand that holy living is made possible by the Holy Spirit living in us and that believers will be resurrected to live again in a perfect world. Until then, we serve God and the poor as a non-denominational ministry based upon the principle that believers are united through Christ Jesus without regard to gender, ethnic, or class differences.

We also believe each individual is free to make his/her own decision regarding faith in Christ. Our Christian faith compels us to administer help and make our services and programs available to all in need regardless of their race, ethnic origin or religious belief.

I acknowledge CRM's Statement of Faith: _____

Indemnity and Hold Harmless Agreement

The undersigned hereby agrees to hold harmless and indemnify City Rescue Mission, Inc. and/or any of its auxiliary or affiliated organizations from any and all claims, suits, causes of action and liability arising out of any claims, suits or causes of action of any kind which undersigned or his/her child may have from now henceforward arising out of any actions, activities, or events sponsored by City Rescue Mission and/or any of its auxiliary or affiliated organizations. This hold harmless and indemnity agreement extends to any acts and/or omissions engaged in by or attributable to any person or entity, including any agent, employee, volunteer or board member of City Rescue Mission, Inc. and/or any of its auxiliary or affiliated organizations. I realize that City Rescue Mission will not be held responsible for any accident or injury that may occur while I am a volunteer. I also understand and agree that I may ask or be asked to end my volunteer service at any time, for any reason with sufficient notice. I will respect the confidentiality of all client information available to me through my position and maintain a professional relationship with all City Rescue Mission staff and residents while I am a volunteer with this organization.

Volunteer Agreement

I acknowledge my understanding that City Rescue Mission is engaged in the practice of ministry and that within the context of that ministry I am volunteering to perform work duties without any expectation that I will be paid any wages or salary or any other type of compensation for my work. I declare that I am serving as a volunteer and not an employee. I affirm that the information I have provided on this application is correct.

Signed: _____ **Date:** _____

Please return completed applications to:

City Rescue Mission
Attn: Sabrina Fox
800 West California
Oklahoma City, OK 73106
Phone: (405) 232-2709 ext. 121
Fax: (405) 236-0341
sfox@cityrescue.org

CRIMINAL HISTORY INFORMATION REQUEST

Oklahoma State Bureau of Investigation
Criminal History Reporting Unit
6600 North Harvey Oklahoma City, OK 73116
(405) 848-6724

Date _____

PURSUANT TO PROVISIONS OF TITLE 5 1. OKLAHOMA STATUTES 1981, SECTION 24A.1 et seq. AND PROCEDURES OUTLINED BY THE OKLAHOMA STATE BUREAU OF INVESTIGATION, I REQUEST A CRIMINAL HISTORY INFORMATION CHECK OF YOUR FILES ON THE FOLLOWING SUBJECT (S). THE PROCESSING FEE OF FIFTEEN DOLLARS (\$15.00) PER SUBJECT FOR A **NAME SEARCH** OR NINETEEN DOLLARS (\$19.00) PER SUBJECT FOR AN **IN-STATE FINGERPRINT SEARCH** IS HEREBY TENDERED

Form of Payment: Cash Business Check Money Order Cashier's Check
 Visa MasterCard Discover Account Number _____

Cardholder's Signature _____ Expiration Date _____
(Requests with no signature will be returned unprocessed.)

NAME OF INDIVIDUAL, BUSINESS,
OR AGENCY MAKING REQUEST _____
If paying with cash, money order, cashier's check or credit card, this information will be
YOUR NAME AND ADDRESS.

INDIVIDUAL, BUSINESS,
OR AGENCY ADDRESS _____
Street Address or Post Office Box

PHONE
NUMBER: _____ / _____ / _____
City State ZIP

Purpose of Request _____

(PLEASE CHECK, ONLY IF APPLICABLE)

This request is being made in compliance with the provisions of the Oklahoma Child Care Facilities Licensing act ,10 0, 1991, Sections 401 through 410; a search of the Oklahoma Department of Corrections Sex Offenders Registration List, 57 0. 1991, Section 581 et seq., is required: _____ . The sex offender search must be requested at the time the original criminal history record check is submitted; amended replies to include this information will not be furnished free of charge at a later date.

FOR OSBI USE ONLY-DO NOT WRITE IN MIS SPACE.

Signature of Requestor

SUBJECT TO BE SEARCHED:
(All request forms must be **typed** or the information **legibly printed in ink** by the requestor; forms completed in **pencil are unacceptable**. Handwritten requests which are not easily read will be returned unprocessed.)

NAME _____
(Last First Middle)

Alias Names _____
(include maiden name, **all** married names, and any other names used)

RACE _____ SEX _____

DATE OF BIRTH
OR AGE (**mandatory**) _____
(If an age is provided, it must be specific: an age range is not acceptable and will be returned unprocessed. Additionally, customers who submit common names with an age may be required to provide full date of birth before the request can be processed. See Title 51 section 24A.5 (2) of the Oklahoma Open Records Act.)

SOCIAL SECURITY NUMBER _____

All criminal history record information provided in compliance with 51 O.S. 1981, Section 24A.1 et seq., is based upon Fingerprints taken by the contributing law enforcement or criminal justice agency at the time of arrest and/or incarceration.
(Form #CHRD01)

FOR OSBI USE ONLY – DO NOT WRITE IN THIS SPACE

CRIMINAL HISTORY INFORMATION REQUEST

Oklahoma State Bureau of Investigation
Criminal History Reporting
6600 North Harvey
Oklahoma City, Oklahoma 73116

Date: _____

CREDIT CARD FAX FORM ONLY; PLEASE DO NOT MAIL.

OSBI FAX #405/879-2503

PURSUANT TO PROVISIONS OF TITLE 51, OKLAHOMA STATUTES 1981, SECTION 24A.1 et seq. AND PROCEDURES OUTLINED BY THE OKLAHOMA STATE BUREAU OF INVESTIGATION, I REQUEST A CRIMINAL HISTORY INFORMATION CHECK OF YOUR FILES ON THE FOLLOWING SUBJECT(S). THE PROCESSING FEE OF FIFTEEN DOLLARS (\$15.00) PER SUBJECT FOR A **NAME SEARCH** IS HEREBY TENDERED.

Form of Payment: American Express Visa MasterCard Discover

Account Number: _____ Expiration Date: _____

Cardholder's Signature: _____ Customer's Return Fax Number: _____

(Requests with no signature will be returned unprocessed.)

NAME OF INDIVIDUAL, BUSINESS, OR AGENCY MAKING REQUEST: _____

PLEASE PRINT THE CREDIT CARD SIGNATORY'S NAME AND ADDRESS HERE.

INDIVIDUAL, BUSINESS, OR AGENCY ADDRESS: _____
Street Address or Post Office Box

PHONE NUMBER: _____
City State Zip

Purpose of Request: _____

(PLEASE CHECK, ONLY IF APPLICABLE)

This request is being made in compliance with the provisions of the Oklahoma Child Care Facilities Licensing Act, 10 O. S. 1991, Sections 401 through 410; a search of the Oklahoma Department of Corrections Sex Offenders Registration List, 57 O. S. 1991, Section 581 et seq., is required: . The sex offender search must be requested at the time the original criminal history record check is submitted; amended replies to include this information will not be furnished free of charge at a later date.)

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Signature of Requestor

SUBJECT TO BE SEARCHED:

(All request forms must be **typed** or the information **legibly printed in ink** by the requestor; forms completed in **pencil are unacceptable**. Handwritten requests which are not **easily** read will be returned unprocessed.)

NAME: _____
(Last) (First) (Middle)

Alias Names: _____
(includes maiden name, **all** married names, and any other names used)

RACE: _____ SEX: _____

DATE OF BIRTH OR AGE (**mandatory**): _____
(If an age is provided, it must be specific; an age range is not acceptable and will be returned unprocessed. Additionally, customers who submit common names with an age may be required to provide a full date of birth before their request can be processed. See Title 51, Section 24A.5 (2) of the Oklahoma Open Records Act.)

SOCIAL SECURITY NUMBER: _____

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All criminal history record information provided in compliance with 51 O. S. 1 Section 24A.1 et seq., is based upon fingerprints taken by the contributing law enforcement or criminal justice agency at the time of arrest and/or incarceration (Form #CHRD01)