

Dear Potential Volunteer,

Your interest in exploring volunteer opportunities at Springs Rescue Mission (SRM) is greatly appreciated. We believe in partnership to better serve the community in which we live and the people God loves.

We recognize how important and valuable your time and talents are and just as we are interested to get to know you, we also want you to know a little more about us. SRM is a private, Christian, not-for-profit (501c3) organization.

Our Mission Statement is:

To transform broken lives with the good news of Jesus Christ, serving the poor, homeless and addicted by ministering to the whole person. We purpose to change the quality of our community, one person at a time.

Our Statement of Faith

We believe and affirm that:

1. Jesus Christ is God and He came to Earth fully man and fully God.
2. That He was born of a virgin, and He is perfect and without sin.
3. He died as the perfect sacrifice for the sins of mankind.
4. He was buried but three days later He rose again triumphant.
5. He is seated at the right hand of God, the Father in heaven.
6. He is interceding as our Advocate with the Father.
7. The Bible is inspired and empowered by God, infallible and authoritative.
8. It was given to instruct us in all things that pertain to life and godliness.
9. No person can go to the Father in heaven unless they believe in Jesus, His son.
10. God is a triune god – God the Father, God the Son, and God the Holy Spirit. God comes to live in us through His Holy Spirit. The Holy Spirit empowers us to live holy lives and gives us gifts to use in service to others.

While we recognize that not all who have an interest in volunteering with us may share our same faith commitment, we do ask all volunteers to respect and support our mission statement and statement of faith while functioning as an SRM volunteer. Individuals who volunteer with SRM will be asked to sign a statement asserting such.

There are many areas of service for you to donate your time, gifts and talents to serve our clients and local community and it is our interest to make the best match possible, for you and for SRM. Our process involves several steps and, depending on your interest level, may take a few weeks to fully process. Some volunteer positions require advanced orientation and training as well as a background investigation while others may not require quite as much. Though we appreciate and rely upon individuals donating their time with us, there are occasions when we are unable to accommodate all interest. Each submitted General Volunteer Application will be acknowledged and followed up, according to suitability and service opportunity.

We pray for God's blessing upon you and your family as you consider the volunteer opportunities with SRM. If you have any questions, please do not hesitate to give us a call at 719.632.1822, ext. 847. We look forward to hearing from you soon.

Serving in Unity,

Eleanor Vazquez~

Volunteer Coordinator

(p) 719.314.2347 (f) 719.635.8678

ATTN: Eleanor Vazquez eleanorv@mysrm.org



Springs Rescue Mission Volunteer Application

Hands of Compassion * Volunteers in Action

Mailing: 5 W. Las Vegas St. Colorado Springs, CO 80903

www.mysrm.org

(p) 719-632-1822 (f) 719-635-8678

Contact Information

(Please Print Clearly)

Name: _____ Date: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer _____ May we contact you at work? YES _____ NO _____

Email Address: _____ Age(if under 18) _____

Church Affiliation: _____

How Long: _____ Pastor's Name: _____

Phone: (____) _____

I (give _____) (Do not give _____) permission for you to contact my pastor as a reference.

Would you like to receive our newsletter and any other mailings Yes No

Our Volunteer Calendar Yes No

References:

Please list 3 non related references and their relationship to you that you have known for at least 3 years. Phone Numbers:

1. _____

2. _____

3. _____

May we contact above for references? Yes No

Referral source: How did you hear about us? (Check all that apply)

Employer (i.e. Volunteer Fair, Volunteer Program, etc.): _____

School: _____

Church: _____

Community Event (Community Fair, Trade Show, Expo, etc.): _____

Referred by Friend / Volunteer: (please tell us who we can thank!) _____

Front Range Community Service

City of Colorado Springs Court (El Paso County Court)

Newspaper: _____ Radio: _____ Internet/Website: _____

Are you volunteering to fulfill a court ordered community requirement?

Do you have a set amount of hours that are required to contribute in community/public service through any program? No _____ Yes _____ (Please indicate number of hours) _____

Volunteer Information

(Check all that apply)

Positions of interest:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Automobile Repair | <input type="checkbox"/> Praise & Worship | <input type="checkbox"/> Clerical | <input type="checkbox"/> Admin. Support |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Development Research | <input type="checkbox"/> Driving | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Food Service | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Language Translation | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Phone Support |
| <input type="checkbox"/> Plumber | <input type="checkbox"/> Preaching | <input type="checkbox"/> Special Events | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Prayer Coordinator | <input type="checkbox"/> Bible/Life Teaching Classes | <input type="checkbox"/> Counseling/Case Management | |
| <input type="checkbox"/> Other _____ | | | |

Are you interested in bringing a group? Yes___ No___ If yes, name of group and number of people.
 Group name: _____ Number of people: _____

Times Available to volunteer: (specific hours, if possible):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Time
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

How many hours per week can you volunteer? _____

Do you have a regular weekly schedule or does it change weekly? _____

Have you previously volunteered at Springs Rescue mission? If so when? _____

What do you hope to gain from your volunteer experience? _____

Experience & Skills

List education experience that you would like to use during your volunteer opportunity with Springs Rescue Mission: Please describe experience, special skills, training, or trade certificates you have:

Do you speak/read/write/understand any other language(s) in addition to English? YES NO

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you currently or have you served in the Military? _____

If so which branch of service? _____ Dates _____

Have you ever served during war time? Yes _____ No _____

If yes, which battle or operation _____

The submission of this General Volunteer Application indicates my interest in exploring possible volunteer opportunities with Springs Rescue Mission. No promise of employment, now or in the future, has been made to me; neither has compensation of any kind in exchange for, or attached to my decision to volunteer with SRM. I understand that submitting a volunteer application does not guarantee an opportunity to volunteer with SRM.

I have read the SRM Mission Statement and Statement of Faith and I understand that if I volunteer with SRM I will need to sign a statement that indicates my agreement with and/or my willingness to respect and not contradict the SRM Mission Statement and Statement of Faith while serving in a volunteer capacity.

Signature

Date

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Interview Scheduled: _____
Date With Whom Phone/Person

COMMENTS:

OFFICE USE ONLY

D _____ ND _____