



OPEN DOOR MISSION Restoring Hope and Changing Lives
www.OpenDoorMission.com

Group Volunteer Application

Date: _____ Group Name: _____

Personal Information (contact person/group leader)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Emergency Contact: _____

Relationship: _____

Emergency Phone: _____

Do you presently receive mailings from Open Door Mission? : Y or N

Do you wish to receive Open Door Mission mailings? : Y or N

AVAILABILITY

Days: Please circle: Mon Tue Wed Thurs Fri Sat Sun

Times available: _____

Available anytime you need me!

IN WHAT AREA DO YOU DESIRE TO VOLUNTEER? (check all that apply)

Samaritan House - Soup Kitchen, Final Preparation, serving and cleanup.

Mon – Sat: 5:45pm – 8:00pm Sunday: 11:00am – 2:00pm

Coffee Hour Service (Mon – Sun 4:00-6:00pm)

Caring Center Meal Service – set-up, serve dinner and clean-up
(Mon – Sun 5:30-7:30pm)

Maintenance – All facilities. Times vary.

Administration – All facilities. Times vary.

Food Pantry – Sorting and shelving donated canned goods.

Clothing Distribution – All facilities. Times vary.

Spiritual (Bible studies and/or morning devotions) – All facilities. Times vary.

Special fundraising events.

Other: _____

Please explain any special talents, interests, abilities, hobbies, vocations and skills you may have and would be willing to share.

Contact:

Tammy Thimm, Volunteer Coordinator & Events Planner: 585-454-6696 x113

tthimm@odmmail.com

Group Application (signed by leader/contact person)

Statement of Volunteer:

I hereby state that I understand that I am volunteering to perform work duties for the Open Door Mission, Inc. without expectation that I will be paid any wages or salary or any other type of compensation for my work. I agree that I am in good health and am able to participate in the work assigned to me.

I also understand that I may/may not receive gratuities. This would be the sole discretion of the Open Door Mission, Inc. and its Executive Head. I claim no right to these gifts and do not consider them as payments in exchange for my work. I am serving as a volunteer and NOT AS AN EMPLOYEE.

As a volunteer, I realize that I have no legal claims for minimum wages, overtime premiums, unemployment compensation, or other provisions of laws for employees rather it is my desire to help accomplish its God-given purpose.

In the event our group decides to make the local news media aware of our scheduled volunteer visit to Open Door Mission with a formal press release, I will notify the Mission's Executive Director or Communications Director to make them aware of the possibility that local news media may be present during our visit.

It is also understood that any volunteer who displays an attitude or behavior deemed unacceptable by Open Door Mission standards of conduct may be dismissed from the volunteer program either temporarily or indefinitely based on the seriousness of the situation.

I hereby release and discharge Open Door Mission, Inc., its employees, officers, agents and other volunteers, from any and all liability and claims with respect to my volunteer work.

Date: _____ **Group Name:** _____

Signed: _____

Print Name: _____

Rev. 08/28/09

Crisis Center
210 West Main Street
Rochester, NY 14614
(585) 423-1825

**Administrative Offices
& Caring Center**
156 Plymouth Avenue N.
(585) 454-6696 Phone
(585) 454-2092 Fax

Mailing Address
P.O. Box 14236
Rochester, NY 14614-0236

Group Members Information:

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

(If you have more members add on another sheet. Thank you.)