



**CITY MISSION
MINISTRIES**

GROUP VOLUNTEER APPLICATION

Please Print

GROUP NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE: _____ EMAIL: _____

TYPE OF ORGANIZATION: _____

CONTACT #1 NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

CELL/TEXT _____ **EMAIL:** _____

LANGUAGE/LANGUAGES SPOKEN _____

CONTACT #2 NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

CELL/TEXT _____ **EMAIL:** _____

LANGUAGE/LANGUAGES SPOKEN _____

FOR EMERGENCY PURPOSES, DESIGNATED CONTACTS MUST PROVIDE CELL PHONE NUMBERS AND PHOTO COPY OF ID'S. DESIGNATED CONTACTS WILL ALSO BE REQUIRED TO BE ON SITE WITH THE VOLUNTEERS.

How many in your group: _____ How many adults _____ How many minors (under18 years of age) _____

Those under 10 years old must stay with an adult. Please attach a list of names of those attending (We understand there are last minute cancelation or additions. Not a problem — just do you best in completing an attendance list.).

PHYSICAL LIMITATIONS:

In an effort to make each of your members feel welcome and needed, tell us if there are any with disabilities or restrictions: (Y or N) If so, how many: _____ Please describe the disability or restriction, use additional sheet if needed:

INFORMATION

How did you hear about the City Mission? _____

What is it about the City Mission that makes your group want to volunteer for us? _____

Would your group be interested in supporting the City Mission by doing a drive for NON-PERSIABLE food items.

Please mark one: Yes _____ No _____ Possibly _____ The best time and day to reach me is:

AVAILABILITY

We are open for volunteers from 8 am until 2 pm, Tuesdays through Saturday. What days or times would your group be interested in? Please write a time range in the day or days that would work best for your group.

TUES	WED	THURS	FRI	SAT

Is your group interested in delivering Family Food Boxes to the homes of the needy, understanding they will need to use their own vehicles and fuel? Circle one **Y** or **N**

At times boxes can weigh up to 15 lbs. Are there any physical limitations? If yes, please explain.

AGREEMENT:

I understand that the ministry of City Mission Ministries is based on the gospel of Jesus Christ — the Word of God.

I understand that this is a **smoke-free campus**. I also understand, due to changes in the Covid-19 mask mandate (2/16/22) that a mask is no longer required, **however you have the option to wear one while volunteering.**

I understand and agree that the relationship being entered into with the City Mission is **one of volunteerism and NOT employment**; that both parties agree there will be no payment or fringe benefits; and that either party may terminate the volunteer service at any time, without cause and without prior notice.

A photo ID will be required before you begin volunteering, if you are a driver, proof of insurance will also be required.

VOLUNTEER'S SIGNATURE

DATE

RETURN YOUR APPLICATION. . .

Please mail, email or bring it to the Riverside/San Bernardino City Mission Resource Office:

City Mission Ministries ** 26200 Date Street, Highland, CA 92346

c/o Marie Scott, Volunteer Coordinator

mariescmm@gmail.com ** (951) 644- 9505 cell/text

THIS SECTION FOR STAFF ONLY:

INTAKE SIGNATURE AND NOTES:
