

Volunteer Application

Date:	How did you learn about us?
Name:	
Home/Preferred Address:	
City/State:	Zip:
Cell phone:	
Alternate phone number (op	otional):
E-mail:	
Emergency contact:	
Church affiliation:	
Preferred Method(s) of communication (please circle): E-mail, Phone	
Please circle your area(s) of interest:	
	Check-in office
	Chapel service and meal
(a	Weekend meal service
50	rting room (sort, price and hanging clothes) Youth ministry (Wildside or Camp Wild)
	Holiday and special events
	Other
Days or Days Preferred:	Weekly or Monthly:
Special Skills:	Date available to start:



Important Background Information

THE

pe center

at Hagerstown Rescue Mission

Have you ever been convicted of a felony? Yes No

If yes, please state the date of and the jurisdiction of the conviction: ______

What was the nature of the offense?

Please tell us why you would like to volunteer at The Hope Center:

To you, personally, who is Jesus Christ?

Waiver and Release of Liability

I hereby agree to release, hold harmless, and waive any and all claims, demands and causes of actions against The Hope Center including those for personal or property damage that may accrue to me as a volunteer for The Hope Center arising out of any cause whatsoever, including, but not limited to, claims arising out of the negligence or intentional conduct of its employees or agents. I agree that I am physically fit and prepared to perform the tasks assigned to me as a volunteer at The Hope Center. I assume all risk of personal injury, property damage and/or any other loss I sustain or cause as a result of my participation as a volunteer.

Confidentiality Statement

Furthermore, I agree, for the benefit of financial supporters of The Hope Center not to disclose to third parties any information regarding supporters or their donations and recognize that any such information and donations, or any kind, are the property of The Hope Center.

