



VOLUNTEER APPLICATION

Name _____ Phone _____ Date _____

EMAIL _____ START DATE _____

Hope Cottage _____ (928) 774-9270 mwhicker@srm-hc.org 2211 E Johnson Avenue, 86004

The Mission _____ (928) 774-3512 cnixon@srm-hc.org 124 S San Francisco, 86001

Sunshine Rescue Mission Inc. is a Christian Ministry whose mission it is to serve and share the love of Christ with anyone who comes to our doors!

We provide emergency and transitional shelter, showers, meals, clothing, Christ-centered ministry and education, case management and job preparation skills, as well.

We are very thankful that you have chosen to volunteer with us! We would like to make your experience as smooth as possible, so we ask that you fill out the following information. Make note that the hours specified below indicate when we have staff coverage:

- Monday – Thursday , Friday – Sunday, and special group events by appointment only.
- Day's Available _____ Time Available _____

VOLUNTEER OPPORTUNITIES: Front desk: Phones, messages, receiving donations, writing receipts, and greeting residents, volunteers, & the public.

Donation room: sorting & folding clothes; Child Care (Monday – Thursday) upon approval by Families Coordinator;

Kitchen: Cooking, serving, cleaning and organizing pantry; and household cleaning & organizing as needed.

Please read and initial the following, so that we know you have read, agree with, and can uphold our policies at The Hope Cottage and The Mission.

1. ___ SRM Inc. is a Christ-Centered Ministry to those who are homeless for any reason. Our Mission is to share the love of Jesus with those who come to us in need, through The Word of God as well as in our actions.
2. ___ I will exemplify a positive attitude, use appropriate words, as well as dress in modest attire while serving in this ministry.
3. ___ I understand that those seeking shelter may have been through difficult situations and circumstances and that they might sometimes be reactive in words and actions.
4. ___ I will not hold Hope Cottage or The Mission responsible for personal injury, theft, damage, loss, or any other liability that might occur while volunteering my services at either of the above listed facilities.
5. ___ I consent to being examined by any emergency personnel due to personal injury while on-site.
6. ___ I understand that anything spoken by a resident is confidential and I must not repeat it. However, if I receive information which poses a threat to others or themselves, I must notify staff immediately.
7. ___ I understand that the SRM Inc. Ministry facilities are drug and alcohol-free. I will not use either of these substances before or during my volunteer hours.
8. ___ I will sign in and out of the facility where I am volunteering so that SRM Inc. has a record of my visits.
9. ___ By initialing this I acknowledge that I have never been charged with any crime involving children.
10. ___ If I am working with children in the daycare at Hope Cottage I will be required to provide an AZ fingerprint

clearance card and asked to obtain CPR / First Aid certification at the discretion of our Family Services Coordinator.

KITCHEN PROTOCOL AGREEMENT

_____ I will not be permitted into the kitchen to work if I am coughing, feverish, not feeling well, or have a communicable disease.

_____ I agree to wash my hands thoroughly as I enter the kitchen area.

_____ I will wear gloves when handling food, ice scoop, etc. and put on fresh gloves as needed for a new task.

_____ I agree to tie my hair back or wear a hair net.

_____ I will not take anything from the kitchen unless it has been approved by the kitchen manager or an on-duty staff member. This includes food, snacks, soda, utensils, etc.

_____ All children must be supervised in the kitchen area by the parent or a responsible adult.

_____ I agree to honor and follow the kitchen manager’s instructions, and to ask about and follow proper safety, health, and cleaning protocols.

_____ I agree to notify staff and fill out an incident report if I am injured or witness an accident. I agree that Hope Cottage is not liable for any accident or injury that I may incur while volunteering in the kitchen or performing any other duties associated with volunteering.

By signing this you agree with all of the statements made on our SRM Inc. Volunteer Application.

Signature _____

Date _____

Volunteer coordinator signature: _____

Date: _____