Hello Prospective Volunteer,

Thank you for your interest in the volunteer opportunities at the Olympia Union Gospel Mission. Becoming a volunteer is easy.

**Step 1:** Contact Karen Robbins at 360-709-9725, and schedule a tour of the Mission.

**Step 2:** Read through the Volunteer Ministry Qualifications, Mission Statement, Goals and Objectives, Statement of Faith, and Values Statement on the following pages. If qualified to volunteer, complete the Mission Volunteer application form. If you are not sure whether or not you meet the volunteer ministry qualifications, please contact the volunteer coordinator for clarification.

If you are a minor, your parent or guardian must complete a Minor Permission Form. You can download these forms from our website (<http://www.ougm.org/volunteer/>) or pick-up a copy at the Mission.

**Step 3:** After your Mission tour, contact Jodi Yarbrough at 360-709-9725, to schedule your volunteer orientation. Bring your completed form(s) to the orientation. (Blank copies will be available at the orientation if you forget your copy.)

Until you complete the volunteer training, you are considered a prospective volunteer. At any time you are welcome to come down to observe and work with a seasoned volunteer until you have completed the process. This is especially true when working out front in the Life Recovery Center where you will have face-to-face contact with our clientele. To work in the kitchen, Cody Howard will be your contact and he has additional prerequisites you must fulfill.

If you have any questions, please contact me at 360-709-9725, or email me at jodi@ougm.org. I look forward to serving the Lord with you at the Mission.

Thank you,

Jodi Yarbrough

As of 4/9/2020

**VOLUNTEER MINISTRY QUALIFICATIONS**

**Commitment to Christ**

Spiritual development is at the core of the philosophy of Olympia Union Gospel Mission, therefore a volunteer must have a personal, growing relationship with Jesus Christ.

**Commitment to a Balanced Christian Lifestyle**

A volunteer must be committed to living a balanced Christian lifestyle which includes maturity, emotional stability, financial responsibility, relationships that adhere to the historic orthodox Christian view of sexuality and marriage, and a stable living situation.

**Commitment to the Local Church**

For spiritual growth, a volunteer must be a part of a body of believers that can provide support and encouragement, with accountability. A positive reference from that church’s pastor is required. Involvement with the Mission’s volunteer network may provide spiritual growth and fellowship, but in no way should be seen as a substitute for commitment to a local church.

**Commitment to Olympia Union Gospel Mission**

A volunteer must agree to the Mission’s Statement of Faith, Mission Statement, Goals and Objectives, and Values Statement.

**Commitment to Work with Others from Different Christian Traditions**

The Mission draws its support from people in many different churches; therefore, a volunteer must be able to work with Christians from different denominations.

**Commitment to Teamwork**

A volunteer must work to build and contribute to teamwork in the unity of Christ, with the goal of making the whole organization successful. The volunteer must have a positive, problem-solving and cooperative attitude.

**Commitment to Cooperate with Supervision**

A volunteer must be willing to cooperate with the direct supervisor in any assigned ministry area.

**Commitment to Training & Special Qualifications**

A volunteer must meet any specialized qualifications particular to a specific ministry position, in addition to attending required introductory volunteer training.

**STATEMENT OF FAITH**

**We Believe…**

* We believe the Bible to be the inspired, infallible, authoritative Word of God and the sole and final authority in all matters of faith and conduct.
* We believe there is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
* We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
* We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential. This event we hold to be an experience, rather than a doctrinal supposition.
* We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
* We believe in the bodily resurrection of the just and unjust, the everlasting blessedness of the saved, and the everlasting conscious punishment of the lost.
* We believe in the spiritual unity of all believers in Christ and together we are the Kingdom of God.

**MISSION STATEMENT**

The OUGM exists as an Evangelical Christian Rescue Mission, serving Thurston County, to share the good news of life in Jesus Christ by meeting the physical, mental and spiritual needs of individuals in crisis.

**GOALS & OBJECTIVES**

We carry out our ministry to share the love of Jesus Christ in practical ways by meeting the needs for discipleship, food, shelter, dental care, limited health care, life skills training, addiction recovery, household goods and personal effects, benevolence, education and job training, domestic abuse intervention, and developing and maintaining partnerships with individuals, organizations and churches

**VALUES STATEMENT**

***Excellence***: We honor God by providing quality service which meets the needs of those we serve.

***Integrity:*** We honor our word, are truthful in our communications and are faithful stewards in our financial dealings.

***Respect:*** We recognize every individual as created uniquely in God’s image with great value. Therefore, we treat everyone with respect.

***Compassion:***  We are servants of God, responding to the needs of those we serve with love and compassion.

***Obedience:*** We recognize this ministry belongs to God, therefore, we diligently seek His will, responding obediently as the future unfolds.

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|  | **Volunteer Application**For office use only | Name: Application Received: Orientation Date: Background Check:  |
| Name Address City State Zip Phone (h) (c) (w) E-mail Birth date Marital Status Emergency Contact Phone Please check the area(s) where you have an interest to volunteer. |
| 🞏 Life Recovery Center (Dayroom)🞏 Hospitality/dayroom assistant🞏 Teaching/attending Bible studies🞏 Teaching/attending 12-step studies 🞏 Kitchen help (cooking/clean-up)🞏 Serving meal 🞏 Holiday Meal Help🞏 Produce, Dairy or Bread Pick-up🞏 Music (singing, playing instruments)🞏 Life Transformation Program (drug and alcohol addiction recovery program)🞏 Mentoring/Tutoring: Men or Women🞏 Babysitting at Genesis Acres🞏 Job coaching🞏 Housekeeping classes🞏 Clothing Bank Ministry🞏 Quarterly Ladies Tea | 🞏 Fund Raising and Community Relations🞏 Barrels (check-on, pick-up, and drop-off)🞏 Writing for newsletter🞏 Marketing🞏 Event planning🞏 Writing grants 🞏 Mission administrative needs🞏 Office help🞏 Answering phones🞏 Computer data entry🞏 Volunteer program🞏 Dentists: Assistants, Hygienists, etc.🞏 Vision: Optometrists, Opticians, etc. 🞏 Construction, building repair and maintenance🞏 Vehicle repair and maintenance |
| What special gifts, talents, or personality traits do you possess that may be useful in the ministries you identified above?    |

What motivated you to become part of this ministry?

Employed: 🞏 Full Time 🞏 Part Time Student: 🞏 Full Time 🞏 Part Time

Place of employment:

Does your business offer charitable donations (matching funds) for volunteer hours served (e.g., Boeing, Bank of America)? 🞏 Yes 🞏 No

Please describe your availability:

|  |  |
| --- | --- |
| 🞏 Monday  *Open 6:00 am – 6:30 pm* | 🞏 Friday  *Open 6:00 am – 6:30 pm* |
| 🞏 Tuesday  *Open 6:00 am – 6:30 pm* | 🞏 Saturday  *Open 10:00 am – 12:00 pm* |
| 🞏 Wednesday  *Open 6:00 am – 6:30 pm* | 🞏 Sunday  *Open 8:00 am – 12:00 pm* |
| 🞏 Thursday  *Open 6:00 am – 6:30 pm* |  |

***Personal Information***

Identify your three favorite ways of spending free time (e.g. hobbies, interests, etc.):

1.

2.

3.

Name three of your strengths: Name three of your weaknesses:

1. 1.

2. 2.

3. 3.

List three events/accomplishments in your life you found fulfilling (exclude commitment to Christ, marriage, having children, graduating - e.g., taught a home Bible study, manage a department store):

1.

2.

3.

***Religious Background and References***

Please describe your religious background - how it began, how it grew, and how it is now:

Church Currently Attended

How long have you been involved with this church?

Pastor Phone #

List two more references other than family:

Name Phone #

Name Phone #

***Volunteer Background***

Please describe any former or current volunteer experience you have with your church or community organization.

***Affirmations***

[ ]  Yes [ ]  No I have read and meet the volunteer ministry qualifications

[ ]  Yes [ ]  No I have read and agree wholeheartedly and without reservation with the Mission’s Statement of Faith.

If “No” to either affirmation, explain

 *Signature Date*

|  |  |
| --- | --- |
|  | **Criminal History Disclosure Statement Authorization and Release(RCW 43.43.832 & 43.43.834)** |
| *As a part of the volunteer application process, the Olympia Union Gospel Mission (OUGM) would like to obtain a criminal background check. For the OUGM to do so, you must complete this disclosure statement pursuant to RCW 43.43.834. A criminal history does not automatically disqualify you from ministry, but will be considered in the context of the transformational work of God in your life.* |
| ***Please answer the following questions*** |
| What is your full name? What is your date of birth? Social Security #                                                What other names have you used? Have you been convicted of a crime?No Yes Have you had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830?No Yes  |
| ***Affirmations*** |
| I understand that the Olympia Union Gospel Mission (OUGM) will notify me of the state patrol’s response within ten days after receipt of the results of the criminal history inquiry. Please contact me by calling *(phone number)* between the hours of and , or by *(explain)*:I understand I am entitled to a copy of the results of my criminal background check. I understand I must call the OUGM volunteer coordinator (360-709-9725, ext 103) to arrange to pick-up a copy of the report.I understand that the OUGM will use this record only in making the initial volunteer acceptance decision and that further dissemination or use of the record is prohibited, except as provided in RCW 28A.320.155. I consent to and understand that OUGM will make an inquiry with the Washington State Patrol to conduct a child/adult abuse record search through the Washington Access to Criminal History (WATCH) program.  |
| Signature | Date |