658 Lucabaugh Mill Road
Westminster, Maryland 21157
410-848-2222
www.WestminsterRescueMission.org
volunteer@WestminsterRescueMission.org

Event Volunteer Application (Short form)

Welcome to the Westminster Rescue Mission! We are excited to have you volunteering with us and are blessed by your time and service. Volunteers are an instrumental part of our ability to serve our community!

> As a 501 (c) (3) nonprofit Christian organization the Westminster Rescue Mission is a community that provides clinical, physical, and spiritual resources to heal the addicted and feed the hungry. We take a holistic approach with Christ as the foundation of our work. Our two ministry programs include the Addiction Healing Center and Mission Food Program.

In an effort to provide our volunteers with a safe environment and to better serve those individuals placed in our care, all volunteers are asked to review and agree to the following guidelines:

1. **Age Requirements: The minimum age to volunteer at the Westminster Rescue Mission is 12.** Minors must be at least 16 years old to volunteer without an accompanying adult. A parent or guardian must accompany volunteers under the age of 16 at all times.

2. **Staff Supervisors:** Your volunteer activity will be under the supervision of a designated staff person. To ensure everyone's safety, we ask that you follow the instructions provided by your staff supervisor. Please notify your staff supervisor in the event you need to leave your designated volunteer station, or if you have any questions or concerns.

3. **Smoking, Alcohol, & Controlled Substances:** Smoking is allowed in designated areas only on our campus. Possession, use of, or being under the influence of illegal drugs, controlled substances, or alcohol products is prohibited on Mission property. The nature of our recovery program requires that we create a safe environment for our residents. Please leave any prescription medications in your vehicle unless you need an EpiPen or other lifesaving medication.

4. **Personal Belongings:** Please leave all valuables securely locked in your vehicle. The Westminster Rescue Mission is not responsible for lost, stolen, or damaged items.

5. **Anti-Harassment Policy:** The Westminster Rescue Mission seeks to promote a professional, respectful, and productive work environment. We will not tolerate verbal, visual, or physical conduct by any staff member or volunteer that harasses, disrupts, or interferes with another's work performance or that creates an intimidating, offensive, or hostile work environment. No form of harassment or discrimination will be tolerated, including harassment because of an individual's ancestry, citizenship, color, marital status, race, national origin, disability, age, religion, sex, or other protected status.

I, _____ **(please print full name)** hereby agree that I have read and understood or have had explained to me the above volunteer guidelines. Furthermore, I understand that any violation of these guidelines may result in immediate termination of volunteer status and/or proper legal action.

Volunteer Signature _____ **Date** _____

_____ **Date** _____

Parent Signature (**Required for minors under age 18.**)

Volunteer Information *(required)*

Name _____ Date of Birth _____

Mailing Address _____

_____

Email _____ Phone Number _____

□ I am interested in learning about additional volunteer opportunities at the Westminster Rescue Mission.

Emergency Contact Information *(required)*

_____	_____	_____
Name	Phone Number	Relationship

Photo Release

I hereby give the Westminster Rescue Mission permission to use or publish pictures or images of me for the purpose of illustration, advertising, and promoting activities in an effort to further its mission to heal the addicted and feed the hungry.

Volunteer Signature _____ Date _____

Waiver of Liability *(required)*

By signing this form, I agree that I will not hold the Westminster Rescue Mission including the programs or its employees, interns, officers, representatives, board of directors, or any fellow volunteers liable for accidents, injuries, or death to myself, my child, or any other person for whom I am lawful guardian, including costs, interest, and expense (including attorney fees and costs) that may result from any volunteer activities by, arranged by, or participated in by the Westminster Rescue Mission. Neither will I nor any person for whom I am lawful guardian, hold liable the persons who operate the equipment used during volunteer activities for accidents, injury, or death that may result from Westminster Rescue Mission activities or any occurrence beyond the control of the Westminster Rescue Mission including but not limited to natural disasters, civil disturbances, acts of terrorism, and wars.

Volunteer Signature _____ Date _____