



Panama City Rescue Mission

Volunteer Application Form

Please fill out and save this file and email it as an attachment to info@pcrmission.org.

Application for Panama City Rescue Mission (PCRM)

Date _____

General Information (please type or print clearly)

Name _____

Male Female

Address _____

17 years of age or younger

City _____ State ____ Zip _____

Home Phone _____

Email _____

Cell Phone _____

Group/Church Name _____

** If volunteer is under 18, a parent/legal guardian's signature is required.*

Experience

Education _____

School _____

Occupation _____

Employer _____

Volunteer Experience _____

Skills/Interests (mark all that apply)

Food service

Mentoring/counseling

Recreation/sports

Office/administration

Computers

Food/hygiene drives

Teaching/tutoring

Children/youth

Other _____

Why would you like to be a PCRM volunteer? _____

How did you learn about PCRM? _____

Availability

I would like to volunteer | Occasionally Weekly Monthly Long Term

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Emergency Contact(s)

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____



VOLUNTEER GENERAL INFORMATION AND POLICIES

Panama City Rescue Mission (PCRM) will not tolerate any form of harassment (verbal or physical) exploitation or intimidation of any nature from volunteers, interns, staff members, program participants or guests.

We are a rescue mission that provides transitional programs for the poor and homeless. Please maintain a friendly but respectful and professional interaction with our mission guests and clients. Do not assist any guest or resident with money, medication, gifts or transportation. *Do not give out personal contact information, including email addresses or phone numbers.* Should a guest or resident request to contact you personally, please report to the Volunteer Coordinator. Please be sensitive to the personal space of our guests (men, women and children). Ask permission before touching any guest or resident for any reason.

DRESS CODE/SAFETY ISSUES

- Administrative volunteers may wear casual clothing appropriate for a professional business environment.
- All non-administrative volunteers must wear closed-toe and closed-heel shoes. Wear modest clothing you are comfortable moving in and don't mind getting a little dirty!
- All volunteers should be aware that by volunteering in any area assigned, you may be subjecting yourself to wet floors, sharp kitchen utensils, and all such related safety issues of that workspace, and if not careful could potentially result in bodily harm to you or others around you. PCRM is not responsible for any accidents that may occur while you are volunteering at this facility or any of the offsite locations where we conduct outreach or special activities.

GENERAL CODE OF CONDUCT RULES

As a volunteer you represent PCRM to the public. You accept responsibility for this status and will conduct yourself in a professional manner. You are expected to be clean and sober when participating as a PCRM volunteer.

You must maintain the confidentiality of all volunteers, clients, guests, residents and donors about whom you have personal or identifying information. You must not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. You must maintain an atmosphere of physical and emotional safety for everyone associated with PCRM including but not limited to employees, volunteers, clients, guests, residents and visitors.

PCRM is an organization assisting vulnerable men, women and children. No one who has ever been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense may serve as a volunteer.

As a volunteer, your activities may include potential hazards, including but not limited to (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations and (d) other potential risk of injury. You must be willing to provide volunteer service with the knowledge of the potential hazards involved and agree to accept any and all risks of injury without any recourse to or against PCRM.

Signature

Date



Photo and Material Release

I, _____, hereby give the Panama City Rescue Mission the absolute and irrevocable right and unrestricted permission concerning any photographs that are taken or may be taken of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if they so choose. I release and discharge Panama City Rescue Mission from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Panama City Rescue Mission, as well as the person(s) who took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

If subject is not yet (18) years old, the child's parent or guardian must complete and sign the following:

I, _____, hereby warrant that I am the parent/guardian of _____, a minor, and have full authority to authorize the above release, which I have read and approved. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above release.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Witness for the undersigned: _____

Signature: _____



Panama City Rescue Mission Volunteer Agreement and Liability Release

I wish to volunteer for Panama City Rescue Mission (PCRM_ or its affiliates (together with PCRM). I agree and release PCRM as follows:

I have read, understand and will observe PCRM's Volunteer General Information and Policies, as may be updated from time to time.

I acknowledge that PCRM is an organization assisting vulnerable men, women and children. I hereby confirm that I have never been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection herewith.

I understand that my activities as a volunteer may include potential hazards and risk of physical harm. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against PCRM.

I hereby release PCRM, its directors, officers, partners, agents, employees, successors, assignees, licensees, sponsors, donors, representatives, guests and affiliates from all actions, claims, suits or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a volunteer.

I have carefully read this agreement, and the Volunteer General Information and Policies referenced herein, and fully understand their contents. I am aware that this is a release of liability and I sign it of my own free will. †

Volunteer Name (please print) _____

Volunteer Signature* _____

Date _____

**For volunteers under 18, a parent or legal guardian's signature is required below.*

This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to his/her release as provided above, and for myself, my assignees, heirs, guardians and legal representatives, release PCRM for any and all claims now have or may hereafter arising out of, based upon or relating to my minor child's participation as a volunteer. †

Parent/Legal Guardian Signature _____

Date _____

† I acknowledge that I have been informed and am aware of the provisions of California Civil Code § 1542, which reads as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

I expressly waive and relinquish all rights and benefits which I have or may have had under said section, and any similar provision of state or federal law. I further understand and acknowledge the significance and consequences of a specific waiver of Section 1542, and any similar provision of state or federal law, and hereby assume full responsibility for any damages or losses sustained by me of any sort or nature that might otherwise have been or are assertable as claims arising directly or indirectly out of, or relating to, this agreement, and any other aspect of my volunteer activities.



BACKGROUND CHECK INFORMATION

First, Middle, and Last Name: _____

Date of Birth: _____

Current Address: _____

Phone Number: _____

Email Address: _____

Have you been arrested or convicted of any crimes? _____

If yes, When? _____

If yes, For What? _____

I understand that Panama City Rescue Mission (PCRM) will run a background check using the information listed above. I agree that I will be unable to volunteer if PCRM finds any disqualifying information on my background check.

Printed Name

Signature

Date