



Volunteer Application & Waiver

Application for short-term or under-age volunteers

Name (First & Last): _____

Name of Group/Family you are with (if applicable): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Birth Date: _____

**Note the minimum age eligible to volunteer is 8 years old.*

Date/s of Volunteer Service (mm/dd/yy): _____

Time/s of Volunteer Service: _____

For your safety, should we be aware of any medical conditions? _____

If volunteering with a group are they faith based? Yes No

We welcome people of any faith to come and volunteer. We do ask, while volunteering with Union Gospel Mission, that volunteers would be respectful/supportive of our programs, which are based upon Christian principles.

Have you ever been convicted of a felony? Yes No

If yes, what and when: _____

I hereby confirm and warrant that I have not been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Union Gospel Mission may photograph me and use my story, silhouette or reproductions of my physical likeness; to copyright the same, and to use and re-use the same, in whole or in part, and discharge Union Gospel Mission from any and all claims and demands.

I hereby agree that Union Gospel Mission is not responsible for any of my personal items that may be lost or damaged during the volunteer period. I realize that Union Gospel Mission will not be held liable for any accident or injury that may occur while I am a volunteer.

Signature: _____ Today's Date: _____

Signature of Parent or Guardian (if under 18): _____

Please return form to:
Union Gospel Mission's Volunteer Department
3 NW Third Ave Portland, OR 97209 Phone: 503-274-4483
Scan and fax to: 503-274-0071
or email to: bernadetteg@ugmportland.org