



**CITY MISSION
MINISTRIES**

VOLUNTEER APPLICATION

Please Print

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE NUMBER WHERE YOU CAN BE REACHED _____ CELLTEXT _____

LANGUAGE/LANGUAGES YOU SPEAK _____

Please fill out an application for each additional family over 16 years who will come with you to volunteer.

If your children, under 16 will be volunteering with you please note their name(s) and age(s). _____

Children under 10 years of age must always stay with parent unless given special permission by CMM staff member.

EMERGENCY

In case of an emergency who would you like us to notify? _____

Name: _____ Phone: _____

Name: _____ Phone: _____

What is their relationship to you? _____

INFORMATION

What is it about the City Mission that makes you want to volunteer for us? _____

How did you hear about the City Mission? _____

Have you supported the City Mission in other ways than your time:

Financially Donated household items Clothing items Food items

TELL US WHAT YOU LIKE TO DO

What are your hobbies: _____

What is your passion: _____

What type of professional work do you do or have you done: _____ :

AVAILABILITY

We're open for volunteers from 8 am until 2 pm, Tuesdays through Saturday. What days or times would you be available?

If you drive, are you willing to use your personal vehicle to deliver Family Food Boxes? _____

Do you have any physical limitations? If yes, please explain. _____

PERSONAL: The City Mission is an evangelical, Christian, humanitarian, organization. Due to the unique nature of our Christian ministry we are concerned that our volunteers feel comfortable with our organization. Please take a moment to answer the following questions which will help us in evaluating our compatibility.

Where are you currently attending church? _____

How are you involved at church? (please be specific): _____

Please tell us about your personal relationship with Jesus Christ--your personal testimony. (Use a second piece of paper should you need more writing space.)

AGREEMENT:

I understand that the ministry of City Mission Ministries is based on the gospel of Jesus Christ — the Word of God.

I understand that this is a **smoke-free** campus. I also understand, due to changes in the Covid-19 mask mandate (Feb. 16, 2022) that a mask is no longer required, **however you have the option to wear one while volunteering.**

I further understand and agree that the relationship being entered into with the City Mission is **one of volunteerism and NOT employment**; that both parties agree there will be no payment or fringe benefits; and that either party may terminate the volunteer service at any time, without cause and without prior notice.

A photo ID will be required before you begin volunteering, if you are a driver, proof of vehicle insurance will also be required.

VOLUNTEER'S SIGNATURE

DATE

RETURN YOUR APPLICATION. . .

Please mail, email or bring it to the City Mission of Las Vegas office

City Mission of Las Vegas

3983 Desert Inn Road, Las Vegas, NV 89121

760-384-1930

kelseyrcmm@gmail.com - socorroccmm@aol.com