



Muskegon Rescue Mission
Reaching out and touching lives since 1907

Muskegon Rescue Mission Group Volunteer Application

Church/Business/Organization

1715 Peck St. Muskegon, MI 49441,
Ph# 231-727-6090, Fax# 231-722-7030

Group Leader's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail address: _____

Cell Phone: _____ Home phone: _____

Group Name _____ **How many in the group?** _____

Address _____

City _____ State _____ Zip Code _____

As Leader for this group I accept responsibility for ensuring my groups' compliance with all Muskegon Rescue Mission Volunteer Guidelines, including but not limited to: Prevention Policy -Sexual Abuse and Molestation,

- All information that is obtained directly or indirectly concerning guests and staff is absolutely confidential.
- To abide by Muskegon Rescue Mission Statement of Faith; no counsel contrary to our beliefs is permitted.
- To conduct yourselves in a manner consistent with impeccable moral, ethical and interpersonal standards.
- To not get involved in our guest's family affairs; lending money, telephones, providing shelter, transportation or any other services. All our guests needs are provided for by MRM.
- To refer all guest requests for counsel or instruction to MRM staff.
- To ensure communication with guests is always within the confines of professionalism and Christian character.
- Taking photos or videos of our guests and facilities is prohibited.
- Never be alone with anyone of the opposite gender.
- Do not give out personal information; last name, telephone number or address.
- To notify Staff if anyone receives information that would be detrimental to the safety of our guests or staff or violates MRM rules and guidelines.

Documents for Group Members (Must be received and processed prior to serving.)

1. All adult must complete the following documents prior to serving:
 - **Background Check
 - **Volunteer Waiver/Release Form
 - ** Prevention Policy - Sexual Abuse and Molestation
2. All minor children must be 'named' on their parent 's or guardian 's release document OR on a separate release document.
3. Should group leadership change—a new Group Leader Application must be submitted and approved prior to serving.

By signing this Group Volunteer Application, I acknowledge Muskegon Rescue Missions' Guidelines and agree to supervise my group to ensure compliance.

_____ **Date** _____

Signature of Group Leader

Muskegon Rescue Mission

Statement of Faith

The Doctrinal Statement of Muskegon Rescue Mission is as follows:

We believe in the Scriptures of the Old and New Testaments as verbally inspired by God; that they are infallible and are of supreme and final authority in faith and life.

We believe that Jesus Christ was begotten by the Holy Spirit, born of the Virgin Mary, and is truly God and man.

We believe in one God eternally existing in three persons: the Father, the Son and the Holy Spirit.

We believe that man was created in the image of God; that he sinned and thereby incurred not only physical death, but also that spiritual death which is separation from God; and that all human beings are born with a sinful nature, and in the case of those who reach moral responsibility, become sinners in thought, word and deed.

We believe that the Lord Jesus Christ died for our sins according to the Scriptures and as a sinless representative and substitutionary sacrifice, and that all who truly believe in Him are justified on the basis of His shed blood.

We believe in the resurrection of the crucified body of our Lord, His ascension into Heaven and His present life there for us as High Priest and Advocate.

We believe in "that blessed hope," the personal return of our Lord and Savior, Jesus Christ.

We believe that all who receive by faith the Lord Jesus Christ are born again of the Holy Spirit, and thereby become children of God.

We believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved and the everlasting punishment of the lost.

We believe in the present and ongoing ministry of the Holy Spirit, and by His indwelling, Christians are enabled to live a godly life.

We believe in the spiritual unity of all true believers in our Lord Jesus Christ.

I have read and agree with the Statement of Faith as stated above for Muskegon Rescue Mission.

Signature: _____

Date: _____

MUSKEGON RESCUE MISSION
Volunteer Waiver/Release Form

Muskegon Rescue Mission welcomes you as a volunteer! This should be a fun and worthwhile experience and we thank you for your participation.

Muskegon Rescue Mission is committed to conducting its activities in the safest manner possible and holds the safety of its volunteers in the highest regard. We continually strive to reduce the risk of injury and insist that all volunteers follow safety rules and instructions which have been designed to protect their safety.

In the event of an accident involving an injury, please report it promptly to a supervisor of Muskegon Rescue Mission. Be advised that medical accident coverage is not provided and any medical claims must be processed through your personal medical insurance or Medicare. Therefore, all volunteers should review their own medical insurance policy for coverage. Please note that the absence of personal medical insurance coverage does not make Muskegon Rescue Mission responsible for the payment of a volunteer's medical expenses.

As a volunteer, I recognize that there are certain risks of physical injury and agree to assume such risk and any damage or loss I may sustain as a result of volunteering for any and all activities associated with Muskegon Rescue Mission. I hereby waive and release all claims against Muskegon Rescue Mission and their officers, agents, servants and employees that I may have as a result of volunteering.

I further agree to indemnify and hold harmless and defend Muskegon Rescue Mission and their officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or arising out of, connected with or in any way associated with the activities of Muskegon Rescue Mission.

In the event of an emergency, I authorize officials of Muskegon Rescue Mission to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services.

_____ I do give Muskegon Rescue Mission permission to use my picture and/or my child(ren)

name(s): _____ for internal or public display and advertisement. I understand that there is no monetary payment for the use of photographs, and they will be used only for Rescue Mission Ministries.

I have read and fully understand the above warnings of risk, permission to secure emergency treatment, and waiver and release of all claims against Muskegon Rescue Mission.

Acknowledged:

In case of emergency, please contact:

Volunteer's Name (Print) Date
or Parent's Name (if minor)(Print)

Emergency Contact Name

Volunteer's Signature
or Parent's Signature (if minor)

Emergency Contact Phone

Group Name _____

Your Phone# _____

**MUSKEGON RESCUE MISSION
Background Check Authorization**

It is standard practice for Muskegon Rescue Mission to conduct routine background checks. The information you provide herein will be held in the strictest of confidence and used only for its intended purpose.

Full Legal Name:

First	Middle	Last
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Alias or Other Name (maiden name, etc.): _____

Ethnicity: Caucasian ____ African American ____ Asian ____ Hispanic ____ Other ____

Gender: Male ____ Female ____ Date of Birth: _____

State(s) of residence other than Michigan for the last five (5) years: _____

Have you been convicted of a misdemeanor or felony in a state other than Michigan? _____

Please read this statement before signing and dating this form:

I have read this Muskegon Rescue Mission Volunteer Background Check Authorization and by signing below, hereby authorize a background check as described herein in conjunction with my application for volunteer duties. I hereby release any and all investigators, including MRM, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with MRM. I further direct and authorize investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the related information, to disclose such information to investigators in connection with this background check.

Signature: _____ Date: _____

MUSKEGON RESCUE MISSION PREVENTION POLICY - SEXUAL ABUSE AND MOLESTATION

Muskegon Rescue Mission does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make this “zero-tolerance” policy clear to all employees and volunteers, we have adopted mandatory procedures that employees, family members, board members, volunteers, guests and victims must follow when they learn of or witness sexual abuse or molestation.

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for the patient’s or child’s care. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not include sexual harassment, which is another form of behavior which is prohibited by Muskegon Rescue Mission.

Reporting Procedure

All employees who learn of sexual abuse being committed must immediately report it to their Department Head or the Executive Director. If the victim is an adult, the abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

Investigation and Follow Up

We take allegations of sexual abuse seriously. Once the allegation is reported we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or guests. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the actor’s relationship with our organization.

There are a number of “red flags” that suggest someone is being sexually abused. They take the form of physical or behavioral evidence. Physical evidence of sexual abuse includes, but is not limited to:

- Sexually transmitted diseases;
- Difficulty walking or ambulating normally;
- Stained, bloody or torn undergarments;
- Genital pain or itching; and
- Physical injuries involving the external genitalia.

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- Fear or reluctance about being left in the care of a particular person;
- Recoiling from being touched;
- Bundling oneself in excessive clothing, especially night clothes;
- Discomfort or apprehension when sex is referred to or discussed; and
- Nightmares or fear of night and/or darkness.

**MUSKEGON RESCUE MISSION
PREVENTION POLICY - SEXUAL ABUSE AND MOLESTATION**

Retaliation Prohibited

We prohibit any retaliation against anyone, including an employee, family member, board member, volunteer, or guest, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited.

Anyone who improperly retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination.

ACKNOWLEDGMENT OF RECEIPT OF SEXUAL ABUSE POLICY

I acknowledge that I have received and read the sexual abuse policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

Name (please print)

Signature

Date