



Today's Date: ____/____/____

Robyn Rodrigue
Volunteer Specialist
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651.789.7645

UNION GOSPEL MISSION
VOLUNTEER APPLICATION
77 9th Street E
St. Paul, MN 55101
Fax (651) 209-1693

Valerie Anderson
Volunteer Coordinator
vanderson@ugmtc.org
651.789.7634

You may scan/email, fax, or mail in your application to either Robyn or Valerie

Legal Name: _____
First Middle Last

If you have used any other names in the past 7 years, please write below:

Name Used Dates Used City State

Home Address: _____
Street Address City State Zip Code

Previous Address: _____
Street Address City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Referred by: _____

All applicants interested in volunteering at UGM must provide the following information so that UGM can run a mandatory background check.

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____ Gender: _____

EMPLOYMENT BACKGROUND:

Current/most recent employer: _____ Telephone: _____

Address: _____

Position held: _____ Dates of employment: _____ - _____
Start Date End Date

BACKGROUND INFORMATION

Have you sought treatment for use of alcohol, illegal drugs or sexual addiction? Yes / No If yes, please describe:

Have you ever been convicted of a crime (other than a traffic/moving violation) or served time? Yes / No
If yes, please describe below. (Previous treatment or conviction of a crime does not automatically disqualify you from volunteering; however, failure to disclose all charges will automatically disqualify you from volunteering. Crimes over 10 years old are still subject to appear.)

INCIDENT	CITY/STATE	CHARGE/ISSUE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TELL US ABOUT YOURSELF

Providing the following information is optional. It is used ONLY to help gain a better understanding of the demographic make-up of our volunteers.

EDUCATIONAL BACKGROUND—Choose one of the following:

- | | | |
|--|--|---------------------------------------|
| Didn't complete high school <input type="checkbox"/> | Bachelor's degree <input type="checkbox"/> | Some college <input type="checkbox"/> |
| High school <input type="checkbox"/> | Master's degree <input type="checkbox"/> | Trade school <input type="checkbox"/> |
| Associate degree <input type="checkbox"/> | PhD degree <input type="checkbox"/> | |

What degree or course of study was completed? _____

ETHNICITY—Choose one of the following:

- | | | |
|---|---|-------------|
| American Indian <input type="checkbox"/> | Hispanic/Latino <input type="checkbox"/> | Other _____ |
| Asian <input type="checkbox"/> | Pacific Islander <input type="checkbox"/> | |
| Black/African American <input type="checkbox"/> | White <input type="checkbox"/> | |

CHURCH AFFILIATION: _____

UGM DONOR? Yes / No

AVAILABILITY

For what schedules would you be available?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings |

VOLUNTEER INTERESTS

After reviewing the website—www.ugmtc.org—what area of the Mission would you like to serve? _____

Is there anything else about yourself you would like us to know (i.e. volunteer experience, skills, licenses, certificates) that you feel would be of value to the Mission? _____

Do you need to fulfill class or service learning hours? Yes / No
Do you need to fulfill community service or court hours? Yes / No

of hours _____

Complete by: ____/____/____

CERTIFICATION

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time. I also agree that I am willing to submit to a background check.

Applicant's Full Name (please print)

Signed _____ Dated _____