

Group Volunteer Application

"We must not, in trying to think about how we can make a big difference, ignore the small daily differences we can make which, over time, add up to big differences that we often cannot foresee"

- Marian Wright Edelman

Every week, Monday through Saturday, groups of 2-5 volunteers have the opportunity to come to the Boston Rescue Mission to serve a meal to the homeless community. This application is also used for our Saturday Morning Outreach and Sunday Community Meals. For more information on these and other group opportunities please contact our Volunteer Coordinator at volunteer@brm.org or call us at 617-338-9000 x 1230.

Ve are interested in:	For:	We're from a:
☐ A shift from 9am-12pm Mon-Sat	☐ A one-time event	☐ Business
☐ A shift from 3-6:30pm Mon-Sat	☐ Maybe a few times	☐ Church
☐ Saturday morning outreach 7:30-10am	□ Ongoing volunteering	☐ School
☐ Sunday community meal 3-6pm		☐ Other
Group leader contact information:		
Organization:		
Address:		
Group Contact Person:	Email:	
Phone:	Number of people in group:	(No more than 5)
Please give at least 3 possible		
dates for volunteering:		

EmergencyContact Info:
Name: Work Phone:
Home Phone: Address:
By his/her signature below, the team contact voluntarily agrees for every individual in the group to assume and/or incur all risks of loss, impairment, damage or injury of whatever kind, including death, that may be sustained or suffered while volunteering for the Boston Rescue Mission whether or not the result in whole or in part of acts or omissions, negligence or other unintentional fault of the Boston Rescue Mission. In addition, the participants (including his/her heirs, assigns and personal representatives) agree to release, hold harmless, and indemnify the Boston Rescue Mission from and against any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including attorneys' fees) on account of property damage or personal injury (including death) arising out of or attributable to the individuals volunteer work. The participants also agree to keep confidential all Boston Rescue Mission client information.
Name: Date:
Signature:
Confidentiality Agreement Due to the sensitive nature of the programs that are provided by the Boston Rescue Mission, we require all volunteers and interns to sign confidentiality agreement, assuring that the rights of our clients are protected. The Boston Rescue Mission has a zero tolerance policy for any breach of client confidentiality, and a volunteer or an intern can be terminated if he or she is found to have broken this agreement. The mission statement for this organization states that the Boston Rescue Mission seeks to: 1. To support the recovery, health, faith, and independence of those who have a history of substance abuse, incarceration, and homelessness 1. To raise awareness about the root causes of these life risks 1. To serve everyone with respect, integrity, and grace 1. To continue to learn, grow, and excel in our services 1. To be good stewards of the resources entrusted to us by our supporters 1. To reflect the teachings of Jesus and the love of God in all we do.
In order to fulfill these objectives, the clients must feel secure in the fact that their situations will not be discussed or alluded to with anyone not affiliated with the Boston Rescue Mission. Thank you for your cooperation to assure that the rights of those we serve are protected.
I have read the policies on drug-free workplace, volunteer code of conduct, and confidentiality, and I will abide by these policies while volunteering at the Boston Rescue Mission. Further, I understand that any violation of these policies may seriously jeopardize my volunteer position at the Boston Rescue Mission.
Name: Date: Signature:
Applications can be submitted to volunteer@brm.org by saving the filled out form to your computer and attaching it to an email. If you have any questions about submitting an application feel free to email us.
I would like to receive the quarterly Mission newsletter Email newsletter Paper newsletter