**www.crossroadsmission.com**

**Crossroads Mission Avenue** o Grand Island Mission 1910 W 9th St 308-675-1973

o Hastings Mission 702 W 14th St 402-462-6460 Fax 402-462-6478

o Kearney Mission 1404 E 39th St 308-236-5688 Fax 308-236-6478

**Mission Avenue Thrift** o Broken Bow Store 440 S 8th Ave 308-767-2664

o Grand Island Store 2846 Old Fair Rd 308-675-1701

o Hastings Store 702 W 14th St 402-303-8287

o Holdrege Store 408 East Ave 308-248-0400

o Kearney Store 1316 E 39th St 308-708-7448

o Lexington Store 907 W 8th St 308-378-3502

## Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Last First Middle***

## Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street / City / State / Zip*

**Telephone** ( ) **Email**:

**Birthday** / / How do you prefer to be contacted?

*Month/Day/Year*

## Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: Gender: M F

*State Driver’s License was issued*

## Who is your current employer? What are your affiliations in the community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Education Hobbies / Special Interests

***PLEASE LIST TWO OF EACH***

Skills you may like to share

**Please explain your interest in serving at Crossroads Mission Avenue.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***A little bit about Crossroads Mission Avenue***

Crossroads has a 4-Phase Recovery program that will equip program participants with skills and knowledge for successful living after their time at Crossroads. We strive to be Christ-centered by providing an environment that encourages people to establish and grow in their relationship with Christ. While working at Crossroads Mission Avenue, you will interact with women, men, children, and families in crisis. It’s a great opportunity to bless them and give back to the community! You do not have to be a Christian to volunteer with us. We do ask that you do not express beliefs that go against our Statement of Faith while you are volunteering. Certain levels of interaction with our guests will require you to agree with our Statement of Faith.

***Statement of Faith***

1. All scripture is God-Breathed. (2 Timothy 3:16)
2. God is the creator of everything. God created humanity in His own image.

(Genesis 1,2 & Romans 1: 20)

1. There is one, true, living God, existing in three persons-the Father, Son, and Holy Spirit.

(Matthew 28:19)

1. Jesus was born of the virgin Mary; Jesus is God in the flesh, the Son of God.

(Luke 1: 26-35)

1. All humanity has sinned and fallen short of the Glory of God. (Romans 3:23)
2. Jesus was crucified, and three days after His death was raised again.

(1 Corinthians 15: 3-4)

1. Through faith in Jesus Christ, we have the forgiveness of sins. (Romans 3: 21-26)
2. The Holy Spirit is active and at work in all believers in Christ. (John 14: 26)
3. God has given every believer, in His Son Jesus Christ, eternal life. (1 John 5: 11-12)
4. Jesus will return again from heaven to this earth. (1 Thessalonians 4: 16-18)

**Criminal History Disclosure:** *Exclude minor traffic violations.*

*(*Check with each member and see if they have any of the following. Each case will be reviewed separately. This may not disqualify you from volunteering.)

**Ever been convicted of a misdemeanor?** Yes No **Ever been convicted of a felony?** Yes No

If yes, explain:

# Sex Offender Statement

Have you ever been charged or convicted of a sex crime? Y N

Volunteer Signature Date

# PARTICIPANT CONFIDENTIALITY STATEMENT PROMISE TO MAINTAIN CONFIDENTIALITY

I promise that I shall hold in confidence all information regarding guests of the Crossroads Mission Avenue. I will not violate the confidential relationships between the programs, their guests, staff, and volunteers. I will not remove from the office any written guest records or copies thereof. Any written records I may be responsible for producing shall be and remain part of the program files. I accept full responsibility for maintaining the confidential and private nature of all guest records and information.

I understand that I am personally responsible and fully liable for any violation of this agreement.

**I have filled out this form honestly and to the best of my knowledge. I will be accountable for any falsified information. I understand that a background check will be performed and false information in support of my volunteer application may subject me to discharge at any time. I also will not testify against the Statement of Faith while serving at Crossroads Mission Avenue.**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Sign Date*

# Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer at Crossroads Mission Avenue, I hereby assume all responsibility for all risk of bodily injury that I may sustain while participating in any volunteering activity, including the use of equipment and facilities of Crossroads Mission Avenue. I assume all liability for my family, if any, and myself and my property. I hereby release Crossroads Mission Avenue staff and Board of Directors from any and all claims of every kind and nature that I have or may have at any time.

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Sign Date*

# Release Authorization to Reproduce Physical Likeness

I hereby grant Crossroads Mission Avenue my consent and permission to photograph me and use my picture in conjunction with any visual, audio, or written material for the purpose of promoting Crossroads Mission Avenue.

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Sign Date*

# I have received a copy and discussed the Volunteer Guideline with Crossroads staff.

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Sign Date*

To set up an appointment in Kearney, call Jake (Shelter Director) at 308-236-5688, or email at [jake@crossroadsmission.com](mailto:jake@crossroadsmission.com)

To set up an appointment in Hastings or Grand Island, call Sarah at 402-462-6460, or email at [sarah@crossroadsmission.com](mailto:sarah@crossroadsmission.com)

PERSONAL INTERACTIONS FOR COMMUNITY SERVICE AND VOLUNTEERS

1. The Crossroads Facility has separate smoking areas for women and men. If you smoke, please ask to see the appropriate area during the campus tour. Minors are not allowed to smoke on the property.
2. Please refrain from the use of profanity and/or disrespectful language.
3. All staff, guests, volunteers, and community service individuals should be treated with respect at all times. If you feel you are ever being disrespected, please notify staff immediately.
4. Private conversations, physical touching, dating, flirting, or romantic relationships are not permitted with guests, staff or other volunteers/community service workers.
5. Maintain your personal space. Keep a comfortable distance physically and emotionally.
6. Do not lend or give money to any guest. Do not allow a guest to have access to your car. Do not give out your address or telephone number.
7. Personal transport of guests is not allowed. If a guest requests transportation with you please notify staff immediately.
8. Complete confidentiality must be always maintained regarding Crossroads Mission Avenue, including after you leave the Mission or are finished with community service and/or volunteering.
9. The dress code of Crossroads Mission Avenue requires closed-toed shoes, all shirts must have sleeves, and no shorts shorter than the tips of your fingers when arms are placed to your sides. Shirts cannot have any contraband, gang affiliation, or any crude or offensive pictures or phrases. Shirts should not be low cut, see-through, or without an appropriate undershirt worn underneath.
10. Every four hours worked will receive a 15-minute break. For every 6 hours worked, a 30-minute lunch break will be allowed. Mealtimes are 6am, 11am, and 5pm. If you are working at Crossroads Mission Avenue during these times, you are more than welcome to eat with us.
11. It is your responsibility to sign in and out of Crossroads Mission Avenue. When signing out, you must obtain a staff initial validating your time. Without this initial, your time for that day will not be recorded.
12. All volunteers and community service individuals will be liable for any injuries that they may accrue at the center.
13. If a volunteer application is denied for any reason, the applicant must wait 6 months to re-apply.

I HAVE READ AND AGREE TO THESE TERMS

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Sign Date*

Staff Signature Date