#### OPEN ARMS MISSION OF WELLAND INC.



Mission Centre 22 Fifth Street Welland ON L3B 4Z3 905-788-3800 Ministry Campus 933 Forks Road RR#3 Wainfleet ON LOS 1V0 905-732-8260

### **Application for Volunteer Service**

Regular Volunteer:	High School Student:Adult Community Service Hours:		
Today's Date:	Application Received by office:		
Name:	Home Phone:		
Address:	Cell Phone:		
	Postal Code:		
	Email:		
Emergency Contact Person	:Contact Phone #:		
Explain why you wish to se	rve at Open Arms Mission:		
How did you come to know	about service opportunities at Open Arms Mission?		
Have you ever volunteered	for any of the divisions of Open Arms Mission before this application?YesNo		
16450			
If YES, when and where $\xi$			
List any other volunteer ex	periences:		
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VVOIR THISTOTY.			
Hobbies and Interests:			
References			
Name:	Relationship:Phone Number:		
Name:	Relationship:Phone Number:		
Are you regularly attending	a church presently?YesNo		
If yes: Church Name:			
Pastor's Name:	Phone Number:		
	ces, how else do you take part at your church?		
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Locations and times:		Ministry Campus:	
Mission Centre:		Tues – Fri; Sat	
Tues –Thurs 9 am - 4pm			
Fri – 9am-12pm	9:30 am - 1 pm □; 1 pm – 4 Sat 9am – 1pm □		
Food Room		Food Sorting	
Hygiene Host/Hostess Registrar	Do you have a required number of hours needed by a certain date?YesNo # of Hours? Due Date?	Warehouse-Donations/Sales Gardening General Cleaning/Maintenance	
Driver – upon approval	Due Dater	Driver –upon approval	
Skill Development Programs (Specify)  Sat 10am - 2 pm  Hot Lunch  Please read the attached documents.  OAM - Core Values (attached) OAM - Mission Statement (attached) OAM - Statement of Faith (attached) OAM - Volunteer Expectations (reads)			
OAM – Volunteer Code of Condu	, have read, understood and	will abide by the Core Values, Mission that I may be released from service if I	
repeatedly violate these conditions.			
Signature:	Date:		
For applicants under the age of 18:  I, read, understood and will encourage m at Open Arms Mission. I understand the repeatedly violated.	y child to abide by the policies, and at my child may be released from se	expectations for volunteer service rvice if these conditions are	
Signature:	Date:		



## Open Arms Mission of Welland Inc. Statement of Faith, Core Values and Mission Statement

#### Mission Statement

Open Arms Mission is a Christian organization called to be faithful stewards of God's resources to demonstrate value and dignity while assisting those living in economic, social and spiritual poverty.

#### **Core Values**

- Christ-centredness: maintaining Christ in the centre of all by focusing on communicating the hope of the Gospel through words and actions
- Service: attentive to short and long term needs
- Development: empowering to reach toward personal potentials by showing respect and dignity as image bearers of God
- Partnership: co-operating with churches, businesses, agencies and individuals for the betterment of our community
- Discernment: prudently using resources that are made available

# "Come to me, all you who are weary and burdened, and I will give you rest" Matt. 11:28 Statement of Faith

We believe and affirm...

- that the Bible, containing the Old (39 books) and the New (27 books) Testaments, is the only inspired Word of God, and that it constitutes our supreme authority in all matters of faith, teaching, and behaviour. It cannot be added to, subtracted from, or superseded in any way.
- there is only one God, eternal, infinite in power, knowledge, wisdom, love and goodness, perfect in holiness, and existing eternally in three persons Father, Son, and Holy Spirit, who are in one substance and power.

- the Lord Jesus Christ is the Son of God who was manifest in the flesh. We believe in His virgin birth and that in Him was no sin; that He did no sin. We believe in His atoning death, that He (the Just One) died for us (the unjust ones), that He might bring us to God, and that He bore our sins in His own body on the cross. We believe in His bodily resurrection, present glory, imminent return and coming Kingdom.
- the Holy Spirit is a divine person who dwells in every believer. We believe the Holy Spirit has baptized every believer into the spiritual body of Christ (the Church). We believe each believer should seek to be filled with the Holy Spirit at all times.
- that Salvation from sin, deliverance from hell and assurance of Heaven are solely on the basis of the finished work of Christ on the cross, through faith in Him, who knew no sin, but was made sin for us. We believe we are saved by grace through faith and not by works. We believe the assurance of Salvation is a present and continuing possession of every believer and is assured by the finished work of Christ.
- every person is born with an inherently sinful nature in thought, word, and deed.
- that Satan was created by God as a perfect, angelic spirit being but because of pride, rebelled against God and became the great adversary of God and His people. We believe that his powers are vast but strictly limited by the will of God. We believe that Satan was defeated and judged at the cross and therefore his final destruction is certain.
- there is a Heaven to be gained and a hell to be shunned.
- every born-again believer in the Lord Jesus Christ is a member of the Church Universal, which is His Body.
- the Lord Jesus Christ will return personally and take over this world for His own and subsequently to judge the world and reign in righteousness.



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#### **Ministry Campus**

933 Forks Road RR#3 Wainfleet ON LOS 1V0 905-732-8260

#### **AUTHORIZATION AND MEDICAL CONSENT FORM**

For the Open Arms Mission of Welland Inc. and all affiliated divisions

Name					
Guardian (if under 18)					
Address					
Phone #	Work #				
Date of Birth (M/D/Y)		Health Card #	=		
Family Doctor		Phone	e#		
Allergies					
	mary concern. Precautions w		vell-being and protection.		
to sign a consent for medical tre procedure for the participant na I, named above, under	eatment and to authorize any p amed above. take and agree to indemnify an	hysician or hospital to p d hold blameless the Ch	is Mission of Welland Inc. Ministry Staff provide medical assessment, treatment or nief Executive Officer, the Ministry Staff,		
suffered by the participant as a medical treatment authorized by Media:  I, named above, under Ministry Staff and its legal representations.	result of being part of the actively the supervising individuals restake and agree to grant the Chiesentatives the irrevocable righ	ities of the Open Arms I presenting the organiza ef Executive Officer or o t and unrestricted perm	one of Open Arms Mission of Welland Inc. ission to use and publish photographs or		
but not limited to: website use, modify and retouch the images materials could be worldwide a given the opportunity to inspec	editorial publications, catalogue in the discretion of Open Arms and that there will be no compe t or approve the finished produ- ng this permission to Open Arm	e and advertising use. T Mission of Welland Inc. Insations to me for its us acts or the copy or the p as Mission of Welland In	n Arms Mission of Welland Inc. including This undertaking includes the right to . I understand that the circulation of such i.e. I also understand that I will not be rinted matter that may be used in c. and its legal representatives, I am fully ges.		
I further agree to the in	nclusion of my name(s).	Yes [ ] No [	1		
Welland Inc.			vents of the Open Arms Mission of Date		
			Check Here		
Open Arms Mission of Wella	nd Inc. Representative Signa	ture			
Data	Position	า			