



Mission Centre
22 Fifth Street
Welland ON L3B 4Z3
905-788-3800

Ministry Campus
933 Forks Road RR#3
Wainfleet ON L0S 1V0
905-732-8260

VOLUNTEER APPLICATION

Regular Volunteer: _____ High School Student: _____ Event Volunteer: _____

Today's Date: _____ Application Received by office: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City, Province: _____ Postal Code: _____

Date of Birth: (d/m/y) _____ Email: _____

Emergency Contact Person: _____ Relationship: _____ Contact Phone #: _____

Explain why you wish to serve at Open Arms Mission: _____

Have you ever volunteered for any of the divisions of Open Arms Mission before this application? ___ Yes ___ No

If YES, when and where? _____

List any other volunteer experiences: _____

Work History: _____

Hobbies and Interests: _____

References

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Are you regularly attending a church presently? ___ Yes ___ No

If yes: Church Name: _____

Pastor's Name: _____ Phone Number: _____

Other than attending services, how else do you take part at your church? _____

Mission Centre:

- Tues to Thurs 9 am – 12 pm
- Tues to Thurs: 1 pm-4 pm
- Fri – 9am-12pm

- Registration
- Grocery Distribution
- Grocery Stocking and Rotation
- General Cleaning

Event:

- TBD

Ministry Campus:

Tues – Fri

- 9 am - 12 pm
- 1 pm – 4 pm

- Food Sorting and Boxing : Non-perishables
- Food Sorting and Packaging: Perishables
- Food Sorting and Packaging : Raw Meats
- General Cleaning
- Outside Maintenance
- Driver – Upon Insurance Approval – you must be 25 years old age or older
- Driver Support/Handler

<p>Do you require a certain number of hours?</p> <p>If yes, how many and by what date?</p> <p>Hours Needed: _____ Date Required By: _____</p>

Please read the attached documents.

- OAM – Core Values (attached)
- OAM – Mission Statement (attached)
- OAM - Statement of Faith (attached)

I, _____, have read, understood and will abide by the Core Values, Mission Statement and Statement of Faith for service at Open Arms Mission. I understand that I may be released from service if I repeatedly violate these conditions.

Signature: _____ Date: _____

For applicants under the age of 18:

I, _____ the parent/guardian of the above-named applicant, have read, understood, and will encourage my child to abide by the policies and expectations for volunteer service at Open Arms Mission. I understand that my child may be released from service if these conditions are repeatedly violated.

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-centeredness:** 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.



Mission Centre
 22 Fifth Street
 Welland ON L3B 4Z3
 905-788-3800

Ministry Campus
 933 Forks Road
 RR#3 Wainfleet ON L0S 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 # _____

Allergies _____

Safety is our primary concern. Precautions will be taken for your well-being and protection.

Medical:

I, named above, authorize the Executive Director or one of the Open Arms Mission of Welland Inc. Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedure for the participant named above.

I, named above, undertake and agree to indemnify and hold blameless the Executive Director, the Ministry Staff, Open Arms Mission of Welland Inc. and Board of Directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Open Arms Mission of Welland Inc., as well as of any medical treatment authorized by the supervising individuals representing the organization.

Media:

I, named above, undertake and agree to grant the Executive Director or one of Open Arms Mission of Welland Inc. Ministry Staff and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of me, or in which I may be included, for any purpose authorized by Open Arms Mission of Welland Inc. including but not limited to: website use, editorial publications, catalogue and advertising use. This undertaking includes the right to modify and retouch the images in the discretion of Open Arms Mission of Welland Inc. I understand that the circulation of such materials could be worldwide and that there will be no compensations to me for its use. I also understand that I will not be given the opportunity to inspect or approve the finished products or the copy or the printed matter that may be used in connection therewith. In granting this permission to Open Arms Mission of Welland Inc. and its legal representatives, I am fully without limitation releasing it from any liability that may arise from the use of the images.

I further agree to the inclusion of my name(s). Yes [] No []

This consent and authorization is effective only when participating in or traveling to events of the Open Arms Mission of Welland Inc.

Signature _____ Date _____

Print Name _____ If Guardian; Check Here _____

Open Arms Mission of Welland Inc. Representative Signature _____

Date _____ Position _____