



# Volunteer Network

Volunteer Application

## Ministry Description



The Atlantic City Rescue Mission (ACRM) is a nonprofit, non-denominational, faith-based social service agency that helps to provide lifesaving care for the hurting and homeless in Atlantic County and surrounding areas. ACRM believes people who have no home, no family or friends, or no sense of self-worth deserve a helping hand and compassion. Through effective, innovative, recovery programs, ACRM helps light a path out of despair for those who want to escape the streets.

ACRM takes care of the physical needs of homeless people by providing food, shelter and clothing, but the purpose is always to care for the underlying causes of their difficulties.

The Mission attempts to instill in its clients a sense of each individual's worth as a human being. ACRM brings them to a point of independence and self-sufficiency. This is accomplished through the following in-house programs: A residential addiction recovery and rehabilitation program; one-on-one counseling; a residential job training and placement program based on special partnerships shared with local businesses; instruction in money and household management; nutrition and parenting classes; and a preschool program.

If clients require additional help, ACRM will network with over 65 state, county, municipal and other nonprofit agencies to coordinate services.

Over 300 men, women and children stay at the Mission each night. ACRM serves over 650 meals each day.

Today's Date: \_\_\_\_\_

Date of Birth : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position Applying for: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please Print Clearly*

2009 Bacharach Boulevard  
P.O. Box 5358  
Atlantic City, NJ 08404

(609) 345-5517  
www.acrescuemission.org  
volunteer@acrescuemission.org

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Marital Status: Single  Married  Widowed

Spouse's Name (if applicable) \_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Can you be reached at work? Yes  No

**EDUCATION AND WORK EXPERIENCE**

High School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

College: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Other: \_\_\_\_\_

Special Skills/Certificates: \_\_\_\_\_

Foreign Languages Spoken: \_\_\_\_\_

Employment: Current or previous work or volunteer experience:

1) Name of Company \_\_\_\_\_ served from (mo./yr.) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Were you an employee  or a volunteer  at this company?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor Name/Title \_\_\_\_\_

2) Name of Company \_\_\_\_\_ served from (mo./yr.) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Were you an employee  or a volunteer  at this company?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor Name/Title \_\_\_\_\_

3) Name of Company \_\_\_\_\_ served from (mo./yr.) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Were you an employee  or a volunteer  at this company?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor Name/Title \_\_\_\_\_

PERSONAL REFERENCES

Give three references, other than a spouse or family, who are qualified to speak of your service, dedication, character, and spiritual experience.

1) Name of Reference \_\_\_\_\_ Known since (mo./yr.) \_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name of Reference \_\_\_\_\_ Known since (mo./yr.) \_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name of Reference \_\_\_\_\_ Known since (mo./yr.) \_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

BACKGROUND

Have you ever been convicted of any offense against the law? (You may omit minor traffic violations.)  
Yes  No  If yes, please explain:

\_\_\_\_\_

Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing, or molesting any children? Yes  No  If yes, please explain in detail:

\_\_\_\_\_

Have you been treated for a psychiatric disorder? Yes  No  If yes, please explain:

\_\_\_\_\_

Are you currently receiving services from the Mission? Yes  No  If yes, please explain:

\_\_\_\_\_

Have you received services or been enrolled in any programs provided by the Mission in the past?

Yes  No  If yes, when did you last receive Mission services?: \_\_\_\_\_

If yes, what type of services did you receive? \_\_\_\_\_

What program(s) were you in?: \_\_\_\_\_

What motivates you to apply to volunteer with the Atlantic City Rescue Mission?

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How did you hear about the Mission? \_\_\_\_\_

Would you like to receive further information about the Atlantic City Rescue Mission?

Yes  No  I am presently receiving information

Please tell me how I can also be involved in the ACRM Auxiliary meetings once a month.

If you are not applying for a specific position, please complete the following information to help assist us in placement:

When are you available to start volunteer work? Start Date \_\_\_\_\_

What day(s) of the week can you volunteer? \_\_\_\_\_

What hours of the day or evening are you available to volunteer? \_\_\_\_\_

What are your areas of interest and/or qualification?

Men's Ministry

Women's Ministry

Plant/Kitchen

Administrative

Other; Please List: \_\_\_\_\_

#### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. I authorize the Atlantic City Rescue Mission to verify all data given in my application and my oral interview from the personal references listed in this application. I have carefully read and do understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Please return to:**

Atlantic City Rescue Mission

Attn: Volunteer Program

2009 Bacharach Boulevard

P.O. Box 5358

Atlantic City, NJ 08404

or fax to: (609) 345-8149

If you have any question in regards to the volunteer program, please contact the  
Volunteer Coordinator: (609) 345-5517 ext. 165 or email [volunteer@acrescuemission.org](mailto:volunteer@acrescuemission.org)

