



SENIOR PASTOR

Steven Byers

MISSION ARVADA DIRECTOR

Karen Cowling

7500 West 57th Avenue Arvada, Colorado 80002 (303) 422-1174

SERVICES provided



DAY SHELTER

September - May Monday _ Friday

9:00 a.m. – 1:00 p.m.

June - August

Tuesday _ Thursday 9:00 a.m. - 1:00 p.m.

Breakfast and Lunch

Clothing Bank

Showers

Severe Weather Closet

FOOD BANK

Saturdays 9:00 a.m. – 12:00 p.m.

ASSISTANCE IN CONNECTING TO COMMUNITY RESOURCES

Medical and Dental

Mental Health

Medicaid

Food Stamps

Legal Services

Permanent Housing Assistance

Registration for Severe Weather Shelter Network

RECOVERY PROGRAMS

Celebrate Recovery

Thursdays 7:00 a.m. – 9:00 p.m.

Connection to Rehab Programs

CURRENT needs

FOOD

Prepared casseroles, breakfast foods, bottled drinks protien rich snacks non-perishable items for foodbank.

CLOTHING

Winter Coats and Jackets

Clothing

Jeans, shirts, outer and under garments, and sweatshirts

Gloves, Hats, and Scarves

Socks

Regular and heavy

Shoes

Boots and tennis shoes

TOILETRIES

Razors, deodorant, shampoo, conditioner, shaving cream, feminine hygiene, chap stick, foot care products, over the counter medications and first aid items

BLANKETS AND QUILTS

SLEEPING BAGS

Winter (0°) and regular

BACKPACKS

Water resistant, outdoor hiking, and general purpose

MONETARY CONTRIBUTIONS



VOLUNTEER opportunities

ADMINISTRATIVE

Administrative Assistant

Grant Writer

Tech Support

Volunteer Coordinator

Community | Resource Coordinator

Intake and caseworker

DAY SHELTER

Food Services

Provide a dish or meal, prepare, cook, serve, or donate food

Shower Monitors

Laundry

Wash and return towels and blankets.

Clothing Bank

Sort, fold, hang, and distribute

Drivers

Donation pick-up and delivery, take clients to appointments

General Assistants

Miscellaneous duties

Front Desk

Check-in of guests and volunteers, maintain log and relay messages

FOOD BANK

Donation Pick-up

Stocking

Distribution

OTHER

Christmas Store

Custodial | Handy Man

Barber | Hairdresser

Prayer Support

Apartment Moving Assistance







CONTACT information

YOUR SKIIIS

Thank you for your interest in volunteering with Mission Arvada. Volunteers play a vital role in the community and in our mission. All applications are reviewed with consideration of current needs and opportunities. Every volunteer will have a background check prior to beginning. Your complete form will be held securely and confidentially. Only authorized staff will have access to your information.

Have you ever been convicted of a criminal offense? Yes No If yes, please provide details below:

PERSONAL DETAILS

Have you ever done volunteer work before? Yes No If yes, please tell us about your experience:

Full Name (including middle name)

What is your motivation to volunteer with us?

City | State | Zip Code

Do you have any specific skills or qualities that you can provide?

Mobile Phone

Date:

Address

Home Phone

Email Address

When are you available to begin?

Date of Birth

How did you find out about Mission Arvada?

OFFICE STAFF ONLY:

Contacted by

Date of Contact