

Dear potential Hope Ambassador,

Your interest in becoming an advocate for Springs Rescue Mission (SRM) is greatly appreciated. We know that on our own, we cannot effectively communicate the heart and vision of SRM. We need to partner with people like you to better serve the community in which we live.

We recognize how important and valuable your time and talents are. We are interested in getting to know you, and we also want you to know a little more about us. SRM is a private, Christian, not-for-profit 501 (c) (3) organization.

Our Mission Statement is:

To transform broken lives with the good news of Jesus Christ, serving the poor, homeless and addicted by ministering to the whole person. We purpose to change the quality of our community, one person at a time.

Our Statement of Faith

We believe and affirm that:

1. Jesus Christ is God and He came to Earth fully man and fully God.
2. That He was born of a virgin, and He is perfect and without sin.
3. He died as the perfect sacrifice for the sins of mankind.
4. He was buried but three days later He rose again triumphant.
5. He is seated at the right hand of God, the Father in heaven.
6. He is interceding as our Advocate with the Father.
7. The Bible is inspired and empowered by God, infallible and authoritative.
8. It was given to instruct us in all things that pertain to life and godliness.
9. No person can go to the Father in heaven unless they believe in Jesus, His son.
10. God is a triune god – God the Father, God the Son, and God the Holy Spirit. God comes to live in us through His Holy Spirit. The Holy Spirit empowers us to live holy lives and gives us gifts to use in service to others.

While we recognize that not all who have an interest in volunteering with us may share our same faith commitment, we do ask all volunteers to respect and support our mission statement and statement of faith while functioning as an SRM volunteer. Individuals who volunteer with SRM will be asked to sign a statement asserting such.

Hope Ambassador Requirements

1. Statement of Faith must be signed
2. Background check must be completed
3. Agree to the responsibilities of the Hope Ambassador job description
4. A commitment of at least 1 year as a Hope Ambassador
5. Attend and complete Hope Ambassador orientation and training
6. Complete the Hope Ambassador volunteer application

There are many ways for you to donate your time, gifts and talents to serve our clients and local community as a Hope Ambassador and it is our interest to make the best match possible, for you and for SRM. Our process involves several steps and, depending on your interest level, may take a few weeks to fully process. Due to the tasks of a Hope Ambassador, you will be required to attend an orientation and training session as well as a simple background investigation. Though we appreciate and rely upon individuals donating their time with us, there are occasions when we are unable to accommodate someone's interest. Each submitted Hope Ambassador Application will be acknowledged and followed up, according to suitability and service opportunity.

We pray for God's blessing upon you and your family as you consider volunteering as a SRM Hope Ambassador. If you have any questions, please do not hesitate to give me a call at 719.314.2353. I look forward to hearing from you soon!

Blessings,

Kristin Oxendahl
Ambassador Director
(p) 719.314.2353 (f) 719.635.8678
ATTN: Kristin Oxendahl kristino@mysrm.org



**Springs Rescue Mission
Hope Ambassador Application**

Our message is HOPE and our goal is to change lives.

Mailing: 5 W. Las Vegas St. Colorado Springs, CO 80903

www.mysrm.org

(p) 719-632-1822 (f) 719-635-8678

Contact Information

(Please Print Clearly)

Name: _____ Date: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer _____ May we contact you at work? YES _____ NO _____

Email Address: _____ Age(if under 18) _____

Church Affiliation: _____

How Long: _____ Pastor's Name: _____

Pastor's Phone: (_____) _____

I (give _____) (Do not give _____) permission for you to contact my pastor as a reference.

References:

Please list 3 non related references and their relationship to you that you have known for at least 3 years.

Phone Numbers:

1. _____

2. _____

3. _____

May we contact above for references? Yes No

Referral source: How did you hear about us?

(Check all that apply)

Employer (i.e. Volunteer Fair, Volunteer Program, etc.): _____

School: _____

Church: _____

Community Event (Community Fair, Trade Show, Expo, etc.): _____

Referred by Friend / Volunteer: (please tell us who we can thank!) _____

Newspaper: _____ Radio: _____ Internet/Website: _____

Other: _____

Volunteer Information

Positions of interest:

Because we value you and your investment of time, we want to match you up with opportunities that you are best suited for and feel most comfortable with.

On a scale from 1-10, how comfortable do you feel: (With 1 being least and 10 being most)

Speaking in front of a large crowd about a cause 1 2 3 4 5 6 7 8 9 10

Hosting a party in your home to promote a cause 1 2 3 4 5 6 7 8 9 10

Speaking with someone one-on-one about a cause 1 2 3 4 5 6 7 8 9 10

Manning a table display/talking to people who stop by and ask questions 1 2 3 4 5 6 7 8 9 10

Showing a power point presentation 1 2 3 4 5 6 7 8 9 10

Representing SRM at a community event 1 2 3 4 5 6 7 8 9 10

Interacting with adults 1 2 3 4 5 6 7 8 9 10

Interacting with college age 1 2 3 4 5 6 7 8 9 10

Interacting with junior high/high school age 1 2 3 4 5 6 7 8 9 10

Interacting with children 1 2 3 4 5 6 7 8 9 10

Questionnaire (This section helps us to get to know you better!)

What do you hope to gain from your experience as a Hope Ambassador? _____

Share with us how you feel about Rescue Ministry and its importance... _____

Has your life directly been impacted by Rescue Ministry? _____

Have you had much personal interaction with people who are homeless or living in poverty? If yes, please explain: _____

Have you previously volunteered at Springs Rescue mission? If so when and in what capacity?

Is there anything else you would like to share with us about yourself? _____

Times Available: (specific hours, if possible):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Time
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

How many hours per month can you volunteer? _____
 Do you have a regular weekly schedule or does it change weekly? _____

Experience & Skills

List education experience that you would like to use during your volunteer opportunity with Springs Rescue Mission: Please describe experience, special skills, training, or trade certificates you have:

Do you speak/read/write/understand any other language(s) in addition to English? YES NO

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you currently or have you served in the Military? _____
 If so which branch of service? _____ Dates _____

The submission of this Hope Ambassador Application indicates my interest in exploring possible volunteer opportunities with Springs Rescue Mission. No promise of employment, now or in the future, has been made to me; neither has compensation of any kind in exchange for, or attached to my decision to volunteer with SRM. I understand that submitting a volunteer application does not guarantee an opportunity to volunteer with SRM.

I have read the SRM Mission Statement and Statement of Faith and I understand that if I volunteer with SRM I will need to sign a statement that indicates my agreement with and/or my willingness to respect and not contradict the SRM Mission Statement and Statement of Faith while serving in a volunteer capacity.

Signature

Date

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Interview Scheduled: _____

Date

With Whom

Phone/Person

COMMENTS: