



Matthew 11:28  
"A gathering place"

# The City Gate

*"Reclaiming, Rebuilding, and Restoring  
lost and broken lives"*

The City Gate  
170 S. Madison  
Spokane, WA 99201  
Phone: (509) 455-9670  
thecitygate@qwestoffice.net  
www.thecitygatespokane.org

Pastor: John Murinko

## Volunteer Application

Thank you for your interest in The City Gate. We are a church devoted to restoring the lives of people living on the streets of downtown Spokane. The City Gate has been in operation since 1988 and has built a reputation as a safe and welcoming place for the low-income and homeless. Basic needs are addressed through a variety of services, and staff and volunteers provide encouragement and caring conversation for those who come through the doors. The City Gate is founded on our love for Jesus Christ. We strive to follow His example to know, love, and serve the poor and needy.

### Please do the following:

- Read the guideline book
- Read and fill out all of the application forms, sign, and return them to Shirley or Bonnie at The City Gate.
- There is a \$20.00 fee for a background check (non-refundable) which is required when returning forms.
- Fill out the top portion of the reference forms, (2 references) sign, and return to us. We will mail them to your references and they will send them back to us.
- All forms must be complete (including a letter from your pastor) or they will be returned to you. When all forms are processed we will contact you to set up an appointment for an interview.

If you have any questions you may contact Marilyn during daytime office hours at The City Gate at 509.455.9670

### The City Gate Weekly Schedule

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b><u>Monday</u></b>    | <b>CLOSED</b>  | <b><u>Friday</u></b>   | <b>10:00 am-3:00pm<br/>Food &amp; Clothing Bank<br/>Dinner 7:00 pm</b> |
| <b><u>Tuesday</u></b>   | <b>10:00 am-3:00 pm<br/>Food &amp; Clothing Bank</b>                   | <b><u>Saturday</u></b> | <b>Breakfast 8:00 am<br/>Dinner 7:00 pm</b>                            |
| <b><u>Wednesday</u></b> | <b>10:00 am-3:00pm<br/>Food &amp; Clothing Bank<br/>Dinner 7:00 pm</b> | <b><u>Sunday</u></b>   | <b>Church Service 10 am<br/>Dinner 7:00pm</b>                          |
| <b><u>Thursday</u></b>  | <b>10:00 am-3:00pm<br/>Food Bank &amp; Showers</b>                     |                        |  |

**I. PERSONAL DATA:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work, Cell, Pager Number: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**II. CHRISTIAN TESTIMONY AND SERVICE:**

Name of the church you currently attend: \_\_\_\_\_

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

Pastor(s): \_\_\_\_\_ How long have you attended? \_\_\_\_\_

If less than one year, what is the name of your previous church? \_\_\_\_\_

Do you believe Jesus Christ to be the Son of God, and have you accepted him as your personal Savior Lord according to Romans 10:10-13? If yes, when did you make that commitment?

Define "ministry".

Have you volunteered in Ministry? When and where?

Describe your gifts and strengths.

What are your weaknesses?

What is your understanding of the purpose and goals of The City Gate?

What do you feel you could contribute to The City Gate ministry team? To those who come in?

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Your Signature

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Date Completed

**Confidentiality Pledge and Hold Harmless Agreement**

I, \_\_\_\_\_, do hereby agree that I shall not reveal, disclose, publicize, or discuss with any individual or entity not associated with The City Gate any information about past, present and future clients of The City Gate, including but not limited to names, phone numbers, license numbers, date of birth, social security numbers or any other identifying information about them except as required by law.

As part of an agreement to volunteer at The City Gate, I acknowledge that I have been informed of the risks, including but not limited to serious and permanent physical, psychological and emotional injury and death, associated with volunteering to such provide services. I freely and voluntarily agree to accept the risks. I further agree to defend, indemnify and hold harmless The City Gate, it's respective agents, employees, assigns, successors and/or representatives, from all such claims, demands and suits arising out of, related to or connected with my volunteer service at The City Gate.

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

## Anti-Harassment Policy

The City Gate expressly prohibits harassment between staff members, volunteers, or between staff and volunteers, staff and patrons, or volunteers and patrons as defined below. Harassment is a violation of Godly principles, professional ethics, and federal and state laws.

Harassment at The City Gate is simply inappropriate behavior. **It is against the law!** Persons within The City Gate community (which includes staff and volunteers) who have the authority to act on their knowledge of the harassing behavior of another member of the community have a moral, ethical, and legal obligation to take appropriate action. Failure to do so may expose the individuals and The City Gate to legal liability for the harassment behavior of others.

### Retaliation

This policy seeks to encourage staff and volunteers to express their concerns about any possible instances of harassment. Any act of reprisal (e.g., interference, restraint, penalty, discrimination, coercion, sexual harassment)-overt or covert-by a staff person or volunteer against another who is responsibly using this policy and its procedures interferes with the victim's right to express their concerns; and as such, will result in immediate disciplinary action or termination as deemed appropriate by the leadership of The City Gate.

### Definition

Courts have defined sexual harassment of others to include any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or status in a course, program, or activity; or
2. Submission to or rejection of such conduct is used as the basis for employment or educational decisions affecting that individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or educational experience, or creates an intimidating, hostile, or offensive environment for working or learning.

Examples of prohibited verbal, nonverbal or physical conduct include, but are not limited to:

1. Physical assault;
2. Direct or implied threats that submission to sexual advances will be a condition of employment, work status, promotion, grades, or letters of recommendation;
3. A pattern of conduct intended to discomfort or humiliate, or both, that includes:
  - a. Comments of a sexual nature
  - b. Sexually explicit statements, questions, jokes, or anecdotes
  - c. Persistent propositions of a sexual nature
  - d. Subtle pressure for sexual activity;
4. A pattern of conduct that would discomfort or humiliate, or both, that includes:
  - a. Unnecessary touching, patting, hugging, or brushing against a person's body;
  - b. Remarks of a sexual nature about a person's clothing or body;
  - c. Remarks about sexual activity

5. Use of electronic mail or computer dissemination or sexually oriented sex-based communications.

Sexual harassment is often a specific form of discrimination where one person tries to exert power (via intimidating tactics) over a victim. While sexual harassment most often takes place in a situation between a supervisor and an employee or a volunteer, this policy recognizes that sexual harassment may occur between persons of the same status, e.g., staff to staff or volunteer to volunteer. Behaviors may be initiated by both men and women. Persons who are negatively affected by others behavior, even though the behavior, even though the behavior is not directed towards them, should alert the Pastoral Staff or leadership of such incidents. Furthermore, The City Gate also recognizes this policy also covers other forms of harassment. These other forms of harassment include, but are not limited to harassment based on one's race, national origin, gender, or disability that creates an environment which is intimidating, hostile, or offensive. The creation of such an environment would include, but is not limited to:

1. The telling of jokes, stories, or anecdotes that are sexist, racist, or that seek to disparage or single out persons mentioned above;
2. The use of slurs or epithets that derogatorily label persons mentioned above; or
3. The use of profane language.

**Groundless or Malicious Accusations**

Accusations of harassment are of the utmost seriousness. They should never be made casually and without cause. This policy shall not be used to bring groundless and malicious charges against staff or volunteers. If, after the Pastoral staff or leadership conducts an investigation of the allegations, the Pastoral staff and leadership determine such allegations were not made in subjective good-faith, the Pastoral staff or leadership will dispense of the allegations and take corrective measures as deemed appropriate.

**Reporting Harassment**

Persons who have been subjected to or suspect that someone else have been subjected to harassment, should notify a member of the Pastoral staff or leadership immediately to assure that corrective action is taken as soon as possible.

I have read, understand, and agree to adhere to the above policy. Furthermore, I understand that my failure to comply with the above policy may result in disciplinary action and/or my termination from The City Gate.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Status (Staff or Volunteer)

## Child Abuse/Neglect Policy

The City Gate vehemently opposes the abuse or neglect of children. In an effort to assist law enforcement officials in investigating these matters, **all** The City Gate staff and volunteers are required to report instances of child abuse and/or neglect by any perpetrator during the course of their contact with The City Gate. Reporting should be made immediately by the staff person or volunteer that either suspects or witnessed the abuse. In addition, the staff person or volunteer should also notify a member of the Pastoral staff or leadership that such a report is being made. The City Gate staff and volunteers should refrain from conducting their own investigation or making value judgments regarding the validity or legality of such claims; these determinations are to be made by law enforcement officials and not by the staff or volunteers.

### Definition

Child abuse/neglect is defined as:

1. Resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse or exploitations;
2. Of a child (who is usually under the age of 18).

Child sexual abuse is defined as:

1. Employment, use, persuasion, inducement, or coercion of any child to engage in, or assist any other person to engage in any sexually explicit conduct or any simulation of such contact for the purpose of producing any visual depiction of such conduct, or
2. Statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

### Reporting Child Abuse/Neglect

The City Gate staff and volunteers who suspect or witness instances of child abuse or neglect should call the Washington State Department of Social and Health Services (DSHS) at 1-866-363-4276 (1-866-ENDHARM). This number is toll-free and operational 24 hours a day, 7 days a week. If a particular staff person or volunteer is, for whatever reason, uncomfortable placing the call, a member of the Pastoral staff or leadership should be notified immediately so that they can make the call instead.

I have read, understand, and agree to adhere to the above policy. Furthermore, I understand that my failure to comply with the above policy may result in disciplinary action and/or my termination from The City Gate.

---

Print Name

---

Signature

---

Date

---

Status (Staff or Volunteer)

## Authorization to Conduct a Criminal Background Check

There is a **\$20.00 fee** (non refundable) for the criminal background check. This is due when you turn in your application form.

In order to maintain the safety of The City Gate staff, patrons, and volunteers, I hereby authorize an appointed agent from The City Gate to obtain personal information as it relates to any criminal history. If this background check should reveal any evidence of such a history, I understand that I will be disqualified from any volunteer service at The City Gate.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Other Names Used \_\_\_\_\_

Maiden Name \_\_\_\_\_

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

### Criminal History

|   |
|---|
| Have you ever been <i>convicted</i> of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Do you currently have any criminal actions pending in which you are the Defendant?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If you answered "Yes" to any of the above questions, please explain the nature of the offense and the country, county and state in which it occurred. |

## Volunteer Commitment Form

I have read and understand the guidelines herein. I feel that volunteering my time is what the Lord wants me to do. I agree to abide by these guidelines in serving Jesus with those in His body at The City Gate.

(please print)

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Home Church \_\_\_\_\_

Pastor \_\_\_\_\_ Phone Number \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

(the above person must have attended your church for at least one year to volunteer)

\*Please include a letter of reference from the pastor

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I commit to volunteer: (circle all that apply)

Days:

Tuesday      Wednesday      Thursday      Friday

Evenings:

Sunday      Tuesday      Wednesday      Friday      Saturday

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



# The City Gate Reference Form

Your name was given as a reference by the applicant below. He/she has applied for a volunteer position with The City Gate. We are a nonprofit, interdenominational church ministry working with the poor and homeless people in Spokane. We ask that you complete this reference as thoroughly, thoughtfully, and candidly as possible. All references and comments will be kept strictly confidential. Thank you for returning the completed form to us.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Type of reference \_\_\_\_\_

Reference's Name \_\_\_\_\_ Reference Phone # \_\_\_\_\_

Reference's Address \_\_\_\_\_  
-----

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

How well do you feel you know the applicant? \_\_\_\_\_

What are the applicant's gifts and strengths? \_\_\_\_\_  
\_\_\_\_\_

What are the applicant's weaknesses? \_\_\_\_\_  
\_\_\_\_\_

Working with people who live in our inner-city is a very real spiritual battlefield. They are often addicts, prostitutes, mentally ill and broken people. This requires a certain level of Christian maturity. Do you know of any reason this may not be a good place for the applicant at this point in his/her life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend the applicant for volunteer work at The City Gate? Why or why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is any additional information about the applicant that you feel we should know, please make additional comments. (attach additional sheets if necessary)

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

|                              |  |           |
|------------------------------|--|-----------|
| <b>For Official Use Only</b> |  |           |
| Date rec: _____              |  | Comments: |
| Ref. Name: _____             |  |           |
| Date Called: _____           |  |           |



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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

If there is any additional information about the applicant that you feel we should know, please make additional comments. (attach additional sheets if necessary)

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

|                              |                 |
|------------------------------|-----------------|
| <b>For Official Use Only</b> |                 |
| Date rec: _____              | Comments: _____ |
| Ref. Name: _____             |                 |
| Date Called: _____           |                 |