

VOLUNTEER APPLICATION

We are grateful you are considering being part of our ministry by participating in providing meals to the poor and vulnerable population. It can be a profound and rewarding experience by doing something so simple as offering a hot meal to a hungry person, and at the same time it can mean the world to a person who hasn’t eaten nourishing food, sometimes for several days*.*

We are located in the New Community Church on the bottom level at 518 W. 3rd Ave, in downtown Spokane. Six meals are provided each week Monday through Thursday (four breakfasts 7:30-8:30 am), plus dinner on Monday and Tuesday (4:30-5:30pm).

For the safety of everyone, we are asking all volunteers be COVID vaccinated, to follow COVID-19 requirements, including a sign-in form, wash hands, wear vinyl gloves, and a mask. Aprons and face masks are available.

We stress dependability for program success and ask for your attendance by 7:10 am or 4:10 pm, depending on your shift. Any questions you may have, call: Barbara Caviezel, Operations Director, at 509.999.0418 or email caviezelb@yahoo.com. Currently we are asking volunteers to serve twice a month. Many of our volunteers have chosen to serve every week, which is a priceless gift. Please choose one or more meal periods per week, twice a month to participate.

CONTACT INFORMATION

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_

Do you represent an organization? YES NO list organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we have permission to obtain a background check? Y YES NO

Please indicate the day(s) & time(s) you prefer here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state why you would like to volunteer and list any previous activity (training, education, etc) that may help us evaluate your application. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please leave application with a staff person or email to caviezelb@yahoo.com

FOR STAFF USE ONLY:

TODAY’S DATE:\_\_\_\_\_\_\_\_\_\_\_\_ BEG DATE:\_\_\_\_\_\_\_\_\_\_ BACKGROUND RUN DATE\_\_\_\_\_\_\_\_\_\_

ASSIGNMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME/DAYS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETED BY:\_\_\_\_\_\_\_\_\_\_