Shalom MINISTRIES

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.

Starting November 22, 2022 we are moving from the grab-and-go meals that have been prepared and served from the street-side entrance of the New Community Church, 518 W. 3rd Ave, in downtown Spokane for the last two years to indoors. 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 7:15 am or 4:15 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. 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 _____

Do you represent an organization? YES ☐   NO ☐ list organization: _____

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

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

_____

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

_____
_____

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:_____