

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, for sometimes several days*.*

Grab-and-go meals are prepared and served from the street-side entrance of the New Community church 518 W. 3rd Ave in downtown Spokane (corner of 3rd & Howard St). Six meals are provided each week Monday through Thursday (four breakfasts (7:30 am) plus dinner on Monday and Tuesday (4:30 pm).

We stress dependability for program success. Currently, positions are needed for Grab-and-go meal assembly & serving monitors. (Ask us about openings for other operational positions as well). Please choose one or more meal periods per week to participate.

Volunteers are required to follow COVID-19 requirements including an assessment sign-in form, wash hands, and wear vinyl gloves. Face covering masks are required by all (inside or outside). Aprons and face masks are available.

CONTACT INFORMATION

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

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

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

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

May we have permission for background check? YES NO

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

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Pease 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: shalommeal@gmail.com

FOR STAFF USE ONLY:

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

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

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