



## DINING WITH DIGNITY VOLUNTEER APPLICATION

We are grateful you are considering being part of our vital ministry by providing hope to our city's homeless and marginalized population. Currently we are the only program downtown serving meals with numerous agencies offering hands on help for medical treatment, housing, drug treatment, transitional housing, and so much more. Your partnership is a key to lost dreams becoming reality. *Thank you!*

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 Friday (five breakfasts 7:30-8:30 am), plus dinner on Monday (4:30-5:30pm).

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: **Deidre Jacobson, Volunteer Coordinator** at 509.710.0204 or email [healingpen@comcast.net](mailto:healingpen@comcast.net). Many of our volunteers have chosen to serve every week, which is a priceless gift.

If you aren't feeling well or are unable to share your gifts with our diners, please let **Kim Ricketts** know ASAP by calling or leaving a text at 509.251.8312 or email her: [kricketts6228@gmail.com](mailto:kricketts6228@gmail.com)

### CONTACT INFORMATION

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

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

City/State/Zip \_\_\_\_\_ Birth date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

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: \_\_\_\_\_

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

Please email your application to [healingpen@comcast.net](mailto:healingpen@comcast.net)

#### FOR STAFF USE ONLY:

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

ASSIGNMENT: \_\_\_\_\_ TIME/DAYS: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DOOR CODE: \_\_\_\_\_