

# VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application.

Date:

Which of Christian Hope Association's programs do you wish to volunteer with?



## CONTACT INFORMATION

Name:

Phone Number:

Consent to text Communication?

Yes ☐

No ☐

Address:

Email:

City:

State:

Zip Code:

Birthdate:

Emergency Contact's Name

Emergency Contact's Phone Number

Workplace:

Church Affiliation (if applicable):

Do you give permission to be photographed for educational, promotional, or fundraising efforts?

Yes ☐

No ☐

## AREAS OF INTEREST


☐

Sort, Inventory, Stock

☐

Service: Customer interfacing, data entry, or filling orders

☐

Drivers: Picking up commodity pallets or produce


☐

Childcare / Kid's Club

☐

Organize / Cleaning

☐

Maintenance

☐

Office

☐

Mentorship

☐

Transportation

Other:

## AVAILABILITY

☐

Monday

\_\_\_\_\_ (hours of availability)

☐

Tuesday

\_\_\_\_\_

☐

Wednesday

\_\_\_\_\_

☐

Thursday

\_\_\_\_\_

☐

Friday

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Have you volunteered before? \_\_\_\_\_ Where? \_\_\_\_\_

Why do you want to volunteer with us? \_\_\_\_\_

How did you hear about our ministry? \_\_\_\_\_

REFERENCES (please include at least one reference)

1. Name: \_\_\_\_\_

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

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


2. Name: \_\_\_\_\_

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

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

PLEASE READ CAREFULLY

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any false or misleading statement, misrepresentation, or omission is sufficient grounds for Christian Hope Association to reject this application or dismiss me as a volunteer.

 I consent to authorize Christian Hope Association and its personnel to perform a Washington State background check on me. I authorize and release all parties and persons providing such information from all claims arising out of furnishing such information. If I volunteer, I release Christian Hope Association from any liability for future references it may provide regarding my work history.

**Initials**

**\*\*All persons with criminal charges involving children are ineligible to volunteer or be employed by Christian Hope Association, per organizational policy.**

I understand that any volunteer opportunity offered to me will be terminable at will. This means that Christian Hope Association can dismiss me at any time, with or without my consent.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_