

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:

Background check Completed:

Date:

By:

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

☐

Mentorship

☐

Organize / Cleaning

☐

Transportation

☐

Maintenance

☐

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.

Initials

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.

****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: _____

CONFIDENTIALITY POLICY

Volunteers MUST maintain a professional relationship with all clients. No staff or volunteers are allowed to “friend” or follow clients on any social media platform. No rides, cash, gifts, childcare, or similar are allowed unless approved by the director.

All records, history, and discussions about the people we serve must be considered private and kept in confidence. The very fact that an individual is served by New Way Ministries can only be disclosed under specific circumstances, which are described below, for reasons relating to law enforcement and fulfillment of our mission.

Board members, employees, or volunteers may not disclose any information about a person, including the fact that the person is or is not served by our organization, to anyone outside this organization unless authorized to do so. The principle of confidentiality must be maintained in all programs, functions, and activities.

Information about clients of New Way Ministries can only be disclosed under the following circumstances:

- 1.If a release of information form is explained to and completed by the person the information is about before it is released.
- 2.If records are inspected by an outside agency and the individuals who inspect records must be specifically authorized to do so. Taking notes, copying, or removing records is specifically prohibited in such cases.
- 3.If required to do by law.

Board members, employees, and volunteers are specifically instructed not to release to state, federal, or other agencies information about any individuals or their records that would enable any person served to be identified by name, address, Social Security number, or other coding procedures, unless the employee is authorized to do so. Failure to follow these client confidentiality procedures will be grounds for immediate dismissal.

Applicant Signature: _____

Date: _____

STATEMENT OF FAITH

New Way Ministries is a faith-based organization that strives to be a faithful witness to the Gospel of Christ. As such, we affirm the following principles:

- That the Bible is God’s Holy Word through which God reveals Himself and renews our understanding of God, humanity, and of the world.
- That Jesus Christ, God’s only begotten Son, voluntarily died on the cross and was resurrected so we could be forgiven of sin and inherit eternal life with him.
- That the world, and man’s calling in it, can rightly be understood only in their relation to the triune God who by His creation, restoration, and governance directs all things to the coming of His kingdom and the glorification of His name.
- As image-bearers of God, we are called to know God’s Word and His creation, to consecrate the whole of human life to God, to love our fellow man, and to be stewards in our God-given tasks.

We believe that we are called by Scripture to “Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength...and love your neighbor as yourself.” (Mark 12:30-31)

Applicant Signature: _____

Date: _____