



Nourish. Teach. Flourish.
Serving a Healthier Community

For office use only:
App received _____
Background check complete _____
Date of first contact _____
Date of interview _____
Entered in database _____
Nametag created _____
Date of first shift _____
Processed by _____

Confidential VOLUNTEER APPLICATION

Women & Children's Free Restaurant & Community Kitchen (WCFR)

Mark all of the areas you are interested in volunteering:

- | | | |
|---|--|---|
| <input type="checkbox"/> Kitchen Assistant | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Delivery/Pickup Driver |
| <input type="checkbox"/> Meal & Grocery Distribution | <input type="checkbox"/> Traffic Support | <input type="checkbox"/> Laundry Attendant |
| <input type="checkbox"/> Delivery Receiving Assistant | <input type="checkbox"/> Maintenance/Repair/Cleaning | <input type="checkbox"/> Other _____ |

Full Name _____ Date _____
 First Middle Last

Previous/Maiden Name _____

Phone _____ Email _____

Address _____
 Street City State Zip

Previous Address (if you have lived in the State of Washington for less than three years)

 Street City State Zip

Date of Birth _____ Current Age _____ Drivers License Number _____

Have you ever volunteered at WCFR before? Yes No If yes, when? _____

Have you ever been a program participant at WCFR? Yes No If yes, when? _____

INDICATE THE DAYS AND TIMES AVAILABLE TO VOLUNTEER.

Volunteer shifts are available Monday-Friday, 9:00 AM - 4:30 PM.

Mon. _____ Tues. _____
Wed. _____ Thurs. _____ Fri. _____

Why are you interested in volunteering at WCFR?

Are there any skills or resources you would like to share?

What skills are you interested in learning while volunteering?

How did you hear about WCFR? _____

Are you currently employed? ___Yes ___No If yes, where? _____

Where have you previously been employed? When? _____

Are you a college or high school student? ___Yes ___No If yes, where? _____

Are you **required** to volunteer? ___Yes ___No If yes, # of hours needed: _____

Name of school/agency/government body requiring community service:

_____ Deadline to complete service hours: _____

REFERENCES:

List two references that have known you at least three years whom you authorize us to contact. At least one professional reference is required. (Please do not list family members or significant others.)

TYPE	NAME	CONTACT INFO	YEARS KNOWN
___Personal ___Professional		Email: Phone:	
___Personal ___Professional		Email: Phone:	

Have you ever been convicted of a felony? ___Yes ___No

Have you had any criminal convictions for child abuse or sex-related crimes? ___Yes ___No

Do you have any physical or developmental limitations or disabilities? ___Yes ___No

If so, please explain _____

Who would you like us to contact in case of an emergency?

Name _____ Relationship _____ Phone _____

____ I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. All information will be held in confidence. I, the undersigned, acknowledge and agree that I am not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign or actively seek to assign me to a voluntary service.

____ I understand that a Washington State Patrol background check will be performed in accordance to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.840. By signing below, I authorize WCFR to perform this background check. My refusal to authorize this background check will disallow me from volunteering at the WCFR.

____ I hereby declare that the information contained in this application is true and correct to the best of my knowledge. I will assume risks of injury occurring to me regarding my volunteer services to WCFR.

____ I hereby give permission for the use of photographs of myself or the minor child named above for publication or use in print and/or electronic promotional materials for Women & Children’s Free Restaurant & Community Kitchen and its programs.

____ I understand that COVID-19 vaccinations are required for indoor volunteer opportunities. I am able to provide proof of vaccination before volunteering. (You are considered up to date with your COVID-19 vaccines when you have completed the primary series and have the most recent booster recommended by the CDC.)

Applicant’s Signature: _____ Date _____

Parent/Guardian’s Signature (for minors) _____ Date _____

Completed applications should be directed to Jessica Gebhardt, Volunteer Services Manager. Email your application to volunteer@wcferspokane.org or mail your application to:

WCFR
Attention: Jessica Gebhardt
1408 N. Washington St.
Spokane, WA 99201
For questions, please call 509-324-1995 x300