

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nourish. Teach. Flourish.  
Serving a Healthier Community**

**Confidential VOLUNTEER APPLICATION**Women & Children’s Free Restaurant & Community Kitchen (WCFR**)**

Mark all of the areas you are interested in volunteering:

\_\_\_\_ Kitchen Assistant \_\_\_\_ Dishwasher \_\_\_\_ Delivery/Pickup Driver

\_\_\_\_ Meal & Grocery Distribution \_\_\_\_ Traffic Support \_\_\_\_ Laundry Attendant

\_\_\_\_ Delivery Receiving Assistant \_\_\_\_ Maintenance/Repair/Cleaning 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 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.

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@wcfrspokane.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