



VOLUNTEER APPLICATION

Name Birthdate Address City WA Zip Home Phone Work Phone Can we call you at work? Yes No Cell Phone Email Address Church

Please indicate the skills you are willing to share. We realize you may not be able to volunteer each time there is someone in need, and your checking any of the skill areas only indicates your willingness to be called.

- Carpentry-Basic home repairs, fence repair
Plumbing-Leaky faucets, clogged sink, etc.
Electrical- Light fixtures, frayed cords
Snow removal-Shovel or snowplow a sidewalk
Respite Care-Staying with a client while the primary caregiver is away. NOTE- There is NO nursing care NOR housework required.
Yard work- Basic gardening, edging, trimming or mowing
Housework- Cleaning a kitchen or bathroom, help with the laundry, basic vacuuming
Special projects-House painting, yard clean-up: OFTEN DONE BY A YOUTH GROUP
Work in New Hope Resource Center office. Answering the phone, providing information to clients, helping clients fill out assistance forms. Volunteer office hours Tuesdays and Thursdays from 9:30 A.M to 1:30 P.M or Thursday 6 P.M. to 8 P.M.
Necessities bank- stocking necessity items, inventory control
Transportation for seniors (please include copy of current driver's license and proof of auto insurance)
Speaker's bureau
Fund Raising Projects
Clothing Bank
Work as part of a group for miscellaneous projects
Donation pick up- pick up donations from donors who are unable to deliver their donations to the Office- may involve heavy lifting.
AT NORTH COUNTY FOOD PANTRY - Open: Monday 12pm-3pm, Wednesday 9am-12pm and occasionally 6pm-8pm
Food Bank- Office help - assisting the director
Food Bank- Pantry worker - sorting and distributing food
Food Bank- driver- for food pick up or delivery

Your availability: Weekly Twice monthly Monthly Other

Are there any health limitations or conditions we should be aware of?

In case of emergency, please contact:

Relation to you

Home Phone or Work Phone

References: Please list two people who know your character and experience, but do not list family members.

Name Relationship

Address Phone

Name Relationship

Address Phone

CONFIDENTIALTY STATEMENT

New Hope Resource Center is dependent upon a climate of mutual caring and trust between volunteers and the clients we serve. To maintain that trust, we strive to protect the privacy of every individual. Personal information about clients (i.e. income, medical care, age, family situations or details about lifestyles) should NOT be disclosed to anyone except the Program Director unless absolutely necessary to protect the safety or well being of the client.

I understand and agree to observe the confidentiality policy.

Volunteer Signature Date

The New Hope Resource Center is a faith-based ecumenical social service organization. We are supported by local Christian churches and by generous community contributions. Our mission is to serve basic human needs in North Spokane County including the communities of Riverside, Elk, Chattaroy, Colbert and Mead. We do this without prejudice or discrimination, following Christ's example.

We (NHRC) accept anyone and everyone as volunteers because we are a Christian organization following Christ's example as stated in our mission statement. We ask our volunteers to do nothing to impede or interfere by action or deed with the mission of NHRC.

Liability Waiver

I hereby acknowledge that while receiving services, volunteering or participating in any program associated with North County Food Pantry or New Hope Resource Center I do so at my own risk. I waive all claim of liability against these organizations, their officers, contributors, volunteers and affiliated organizations including growers and suppliers for any claims, demands, damages or injuries I may incur from consuming or being exposed to any product located at or obtained from the North County Food Pantry.

Volunteer Signature _____ Date _____



Volunteer Disclosure Statement

Name: _____

Date: _____

Circle any of the following statements that apply to you.

1. Convicted of any crime against children or other persons.
2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
3. Convicted of crimes related to drugs as defined in RCW 43.43.830.
4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.
7. Found by a court in a protective proceeding under 74.34 RCW, to have abused or financially exploited a vulnerable adult.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I also understand my service is dependent upon a satisfactory report from the Washington State Patrol to New Hope Resource Center. We will make a copy of the report available to you upon your request.

Applicant Signature _____

Printed Name _____

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL _____ Notarized Letter(s)
(available by mail only)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

(A)

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

(B)

REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/____/____ (print) Name/Title of Requestor Requestor's Signature
Mo. Day Yr.

Receive background results electronically Phone No. (____) _____

Email address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Subject's Right Thumb Print (Optional)

Name

Address

City State ZIP Code