



CLIENT 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.

- Necessities bank- stocking necessity items, inventory control
- Speaker's bureau
- Fund Raising Projects
- Clothing Bank
- Food Bank- Pantry worker – sorting and distributing food (At North County Food Pantry in Elk)
- Food Bank- driver– for food pick up (At North County Food Pantry in Elk)
- Work as part of a group for miscellaneous projects

Your availability: Weekly Twice monthly Monthly Other: _____

Are there any health limitations or conditions we should be aware of? Yes No If yes, what? _____

In case of emergency, please contact: _____

Relation to you _____

Home Phone _____ 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 _____

Funded by Spokane County Community Development Block Grant and Spokane County Churches.

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 _____

