



**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"/> Administration/Clerical | <input type="checkbox"/> Maintenance/Repair/Cleaning    | <input type="checkbox"/> Laundry Attendant      |
| <input type="checkbox"/> Kitchen Assistant       | <input type="checkbox"/> Dishwasher                     | <input type="checkbox"/> Delivery/Pickup Driver |
| <input type="checkbox"/> Fundraising             | <input type="checkbox"/> Support with Mission Awareness | <input type="checkbox"/> Other _____            |

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
                    First                    Middle                    Last

Previous/Maiden Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Previous Address (if you have lived in the State of Washington less than 3 years)

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Drivers License Number \_\_\_\_\_

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

Have your ever been a program participant at WCFR?  Yes  No If yes, when? \_\_\_\_\_

**INDICATE THE DAYS AND TIMES AVAILABLE TO VOLUNTEER:**

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_

Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Sat. \_\_\_\_\_

Please tell us why are you interested in volunteering at WCFR?

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How did you hear about WCFR? \_\_\_\_\_

Are you currently employed? \_\_\_Yes \_\_\_No If yes, where? \_\_\_\_\_

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 three references that have known you at least three years whom you authorize us to contact. (Please do not list family members or significant others.)

TYPE	NAME	CONTACT INFO	YEARS KNOWN
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Email: Phone:	
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Email: Phone:	
<input type="checkbox"/> Personal <input type="checkbox"/> 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 the 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 in-person volunteer opportunities. I am able to provide proof of vaccination prior to volunteering. \*You are considered fully vaccinated for COVID-19  $\geq 2$  weeks after receiving the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or  $\geq 2$  weeks after receiving a single-dose vaccine (Johnson & Johnson/Janssen).

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](mailto: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