



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 _____
 Street City State Zip

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

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 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 ≥ 2 weeks after receiving the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 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 or mail your application to:

WCFR

Attention: Jessica Gebhardt

1408 N. Washington St.

Spokane, WA 99201

For questions, please call 509-324-1995 x300