



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"/> Special Events | <input type="checkbox"/> Maintenance/Repair |
| <input type="checkbox"/> Registration Hostess | <input type="checkbox"/> Floor Manager | <input type="checkbox"/> Laundry Attendant |
| <input type="checkbox"/> Prep Cook | <input type="checkbox"/> Server | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Food Plater | <input type="checkbox"/> Dining Room Attendant (Busser) |
| <input type="checkbox"/> Delivery/Pickup Driver | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <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:

Mon. _____ Tues. _____

Wed. _____ Thurs. _____ Fri. _____

Please tell us why are you interested in volunteering at 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 don't list family members. Thank you.

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 yes, 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.

Applicant's
Signature:

_____ Date _____

Parent/Guardian's
Signature (for minors)

_____ Date _____

Completed applications should be directed to Tammy Walker, Volunteer Coordinator.
Email your application to volunteer@wcfrspokane.org or mail your application:

Women & Children's Free Restaurant
Attention: Tammy Walker
1408 N. Washington St.
Spokane, WA 99201

For questions, please call 509-324-1995 x300