



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

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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 Jessica Gebhardt, Volunteer Services Manager.  
Email your application to [volunteer@wcferspokane.org](mailto:volunteer@wcferspokane.org) or mail your application:

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

For questions, please call 509-324-1995 x300