

Hope Station Community Services, Inc.

Volunteer Packet Application

*“Each one should use whatever gift
he has received to serve other,
faithfully administering God’s grace
in its various forms.”*

-1 Peter 4:10

Welcome and thank you for your interest in volunteering with Hope Station!

Hope Station is a faith based nonprofit organization dedicated to help working individual and families in need by providing grocery products, clothing, educational class and other necessities.

We consist of volunteers simply seeking to share the love of God in practical ways. The Vision is to help individual and families of the community to rise above difficult situations and to empower volunteers to be the hand of Christ.

By volunteering at Hope Station you will make a difference in the lives of many people in our community!

Please review the information below and complete the Volunteer Application at the end of this packet and bring or send it to:

Hope Station CSI
1337 Madison St NE, Ste 115
Salem, OR 97301

For more information please contact us at (503) 339-7710 or visit us at www.hopestationcsi.org.

Once again! **Welcome** and **thank you** for giving your time, skills and love.

Volunteer Application

For Volunteers Only

Part I

Date: ___/___/___

PERSONAL INFORMATION:

Name: _____

Address: _____

City, State Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthday: (Month/Date/Year) _____

Parish/Church/Group Name (if applicable): _____

Email Address: _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain:

EMERGENCY INFORMATION:

Please provide an emergency contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Part II

MEDICAL HISTORY

Do you have any physical limitations that Hope Station should be aware of? If yes, what are they?

EMPLOYEMENT

Are you currently employed? ___ Yes ___ No.

If yes, where? _____

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SPECIAL SKILLS

Do you have a current forklift license? _____ Yes _____ No

Computer skills: _____ Yes _____ No. If yes, what software: _____

Other: _____

AVAILABILITY

Please circle the days that you are able to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time available (please circle): Morning Afternoon Evening Other _____

REFERENCES:

Please list two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

ADDITIONAL INFORMATION

Why are you interested in volunteering for Hope Station?

What skills do you have that you feel might be of value to Hope Station?

We appreciate your willingness to help us. In what ways can we show you that? (Ex. Thank you card, letter, etc.)

Print Name

Date

Signature

OFFICE NOTES:

