



# Volunteer Application Form

Please complete and return to:  
 Hands of Hope Kitchen  
 PO Box 429  
 Bloomfield, NY 14469

Contact Information

Date of application (MM/DD/YY) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Home Work Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Date of birth (MM/DD/YY) \_\_\_\_\_ Shirt size: \_\_\_\_\_

In case of emergency please notify (name/relationship/phone)  
 \_\_\_\_\_

Availability & Commitment

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Available	X	X		X	X

(Typical hours of operation are Wednesday 9AM to 1PM; occasionally other hours are available.)

I am interested in (check all that apply):

Short-term project       1-4 hours    One day    Several Days    Holidays

Ongoing relationship       Daily    Weekly    Monthly

Do you have any disabilities or limitations that would require special accommodations in order for you to volunteer? If so, please describe briefly.

## General & Personal Information

Have you volunteered with any other organizations? If yes, where and in what capacity?

What skills or special talents would you like to share in volunteering?

How did you find out about our program?

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? If yes, please explain on the back of this form. Please include in your explanation the date and place of any conviction, the crime for which you were convicted, and the disposition of the case. All information given will be kept confidential.

Yes No

Has a civil or criminal complaint ever been filed against you that alleged sexual misconduct or child abuse? If yes, please explain on the back of this form. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify the name and title of the person(s) who investigated the complaint. All information given will be kept confidential.

Yes No

# Volunteer Policy & Release

(Please make certain you have read and agree before signing.)

I understand that the Hands of Hope Kitchen requires information from me to evaluate my qualifications for volunteer service, and that the requested information is for the sole purpose of gathering accurate information for volunteer service at the Hands of Hope Kitchen. I authorize and release applicable entities to answer questions in regard to volunteer work, employment, ability, character, and medical and emotional background.

I understand that volunteers perform service without compensation and are not considered employees of the Hands of Hope Kitchen.

I acknowledge that there are certain risks of injury involved in performing volunteer work for the Hands of Hope Kitchen, and I knowingly and freely assume all such risks and assume full responsibility for my participation. I agree to indemnify and hold harmless the Hands of Hope Kitchen, St. Peter's Episcopal Church, the Episcopal Diocese of Rochester, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation. In addition, I understand that the Hands of Hope Kitchen does not provide Worker's Compensation or any other insurance coverage for volunteers.

I understand that from time to time, photographs may be taken at Kitchen events, and I give my permission to utilize my photographs in future publications, promotional materials, Internet web sites, and exhibits.

I understand that the Hands of Hope Kitchen cannot guarantee volunteer placement, but that it will make every effort to match volunteer applicants to volunteer opportunities based on the needs of the Kitchen and the interests and abilities of the volunteer.

I understand that the Hands of Hope Kitchen reserves the right to reject a candidate for any reason, which in its sole judgment, determines may affect the best interests of the program. The Kitchen reserves the right to withhold the reasons for such refusal.

I understand that the Hands of Hope Kitchen accepts the service of all volunteers with the understanding that such service is at the sole discretion of the Kitchen. Volunteers agree that the Kitchen or the Volunteer may at any time, for any reason, decide to terminate the volunteer's relationship with the Kitchen.

I certify that all information in this application is true and complete. I understand and agree that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

## REQUIRED IF UNDER 18 YEARS OF AGE:

I certify that (name) \_\_\_\_\_, my son/daughter, is fully capable of participating as a volunteer without compensation and has my permission to be assigned and participate as a volunteer for the Hands of Hope Kitchen. I understand the risks involved with being a volunteer and acknowledge that the Hands of Hope Kitchen will NOT assume financial liability for any injury or illness that might occur while my child is volunteering.

\_\_\_\_\_  
Age (if under 18)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date