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.
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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Volunteer Application
For Volunteers Only

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:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________