



Participant Application

Date _____

Participant: (Please Print Clearly)

Last Name First Name (Person who will participate most often) Middle Initial Have you been a participant before?

Street Address City State Zip

Occupation Past Occupations and Skills

Home Phone Cell Phone Work Phone

Email Address – Print VERY Clearly

Employer Name Employer Address

Are you affiliated with a particular church? Other Assistance (Food Stamps, WIC, etc...)

Spouse:

Last Name First Name Middle Initial

Occupation Past Occupation and Skills

Employer Name Employer Address

Work Phone

Do you own _____ or rent _____ your home Ethnic Background _____

List all other people living in your household:

| Name | Sex | Date of Birth | Relationship |
|------|-----|---------------|--------------|
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Choice for Shopping Day: Tuesday Saturday
Choice for Volunteer Day: Monday Tuesday Wednesday Thursday Saturday
Who referred you to Hope Station Community Services, Inc.? _____



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Participation Form Goal Statement

Name _____

Please provide the following information determined by the worksheet:

Monthly Expenses

- Food
- Monthly rent/mortgage pmt
- Car payment, fuel and insurance
- Utilities (gas, electric & water)
- Phone/Cable
- Loans/credit card payments
- Other: _____

Total Expenses:

Monthly Income

- Wages after taxes (include all in household)
- Other income

Total Income:

Write in **Total Expenses** from above & subtract from Income:

Total Expenses less Total Income=Net Income:

Please briefly describe the reason(s) you are in need of our services:



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I/we understand that as recipients of goods and services from Hope Station Community Services, Inc. (HSCSI), I/we are subject to periodic review for eligibility by HSCSI, and that continued participation is a privilege that can be revoked at any time at HSCSI's sole discretion. I/we agree to pay all program participation charges assessed when due. I/we further understand that the goods and services I/we receive have been donated by others to HSCSI, and therefore may not be fresh or of first quality. I/we also understand and agree that I am /we are expected to volunteer two (2) hours per month at HSCSI.

RELEASE

In consideration of the opportunity to participate in the program provided by HSCSI, I/we hereby agree to release, discharge, indemnify and forever hold harmless HSCSI, its officers, directors, employees, agents, contractors, volunteers, and donors from and against any and all claims arising from my acceptance and use of goods and services received from HSCSI.

The undersigned hereby certifies that he/she is 18 years of age or older, and that he/she has read the attached current Participation Guidelines, and will read all future guidelines that may be issued from time to time, and, for him or herself and his/her family members, agrees to abide by them.

Participant (Please Print)

Spouse (Please Print)

Participant Signature

Spouse Signature

Date

Date

**Please mail application to:
Hope Station Community Services, 1337 Madison St NE #115, Salem OR 97301**

Notes: (for office use only)

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