

Hope at Home – Guest Application

Thank you for your interest in the Hope at Home initiative with the Belfast Soup Kitchen. We connect community members with dedicated volunteers who can offer a little extra help with daily tasks and companionship in your home. Our goal is to provide practical support and foster a sense of community.

Contact & Household Information

Name: _____

Street Address: _____

Town/State/Zip: _____

Phone Number: _____

Email Address (if you have one): _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relation to Emergency Contact: _____

Do you live alone? ☐ YES ☐ NO

Please list names/ages of other residents in the home:

Do you have pets? ☐ YES ☐ NO

Please list number and type of pets: _____

Are there any specific considerations or details about your home that a volunteer or staff member should be aware of before visiting?

Is there anything that would prevent a volunteer from safely assisting you in your home?

Please check the types of assistance you are interested in receiving from a volunteer. You may select as many as you like.

- ☐ - Errands (grocery shopping, post office, etc)
- ☐ - Help with meal preparation or cooking
- ☐ - Light housekeeping (tidying, vacuuming ,dishes, laundry)
- ☐ - Companionship/Social Visits

How often would you like a volunteer to visit you?

- ☐ - Once a week
- ☐ - Every other week/twice a month
- ☐ - Once a month
- ☐ - Other (please specify) _____

What day of the week do you prefer?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

☐ Saturday

☐ Sunday

Is there a preferred time of day?

☐ Morning (7am-11am)

☐ Afternoon (12pm-4pm)

☐ Evening (5pm-8pm)

Program Understanding and Agreement:

By signing below, you acknowledge that:

- I understand that Hope at Home volunteers are NOT professional or medical caregivers, but are offering friendly assistance and companionship
- I will treat my volunteer with respect and communicate openly about any needs or concerns.
- I agree that Hope at Home staff will check in periodically
- to ensure the program is meeting my needs.

Boundaries and limitations:

This is a voluntary program. All participants are participating on their own free will and are not receiving any compensation for their time and effort. Please keep this in mind when requesting tasks of the volunteer.

Volunteers/Guests are not to communicate directly. Communication should be done through Sage Bone, Volunteer and Guest Services Coordinator.

Guests/Volunteers should not exchange money or payment.

Volunteers reserve the right to decline requests for any reason.

If you have any concerns, please contact Sage at 338-4845, option 3 or sage@belfastsoupkitchen.org

Signature: _____

Date: _____

