

Hope at Home Volunteer Application

Thank you for your interest in becoming a Hope at Home Volunteer with the Belfast Soup Kitchen! Your willingness to extend our mission of providing comfort, hope, dignity, and respect directly into the homes of our community members is truly invaluable.

Please complete the following application.

Contact Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____
 - City: _____
 - State: _____
 - ZIP: _____

Background & Transportation

To ensure the safety and trust of all community members we serve, we require the following information:

- Do you consent to a background check?
 - ☐ Yes
 - ☐ No
- Have you gone by any other names or aliases (e.g., maiden name, previous married name)? If yes, please list them:
 - _____
- Do you have **your own vehicle** or **access to reliable transportation** for volunteer duties?
 - ☐ Yes
 - ☐ No
- **Vehicle Information** (if applicable):
 - **Make:** _____
 - **Model:** _____
 - **Color:** _____
 - **License Plate Number:** _____
- **Driver's License Number:** _____,
- **Please submit an image of your current car/vehicle insurance.**

Your Availability & Interests

- Please briefly describe your general availability (e.g., "Monday mornings," "flexible afternoons," "weekends"): _____

- Which types of assistance are you most interested in providing? (Check all that apply)
 - ☐ Light housework
 - ☐ Yard work
 - ☐ Running errands (e.g., grocery shopping)
 - ☐ Companionship and conversation
 - ☐ Other (please specify): _____
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Disclaimer and Agreement

Please read the following carefully before signing:

- I understand and agree that my participation as a Hope at Home Volunteer is entirely voluntary and at my own discretion.
- I acknowledge that the Belfast Soup Kitchen is not responsible or liable for any risks, accidents, injuries, or damages that may occur while I am off Belfast Soup Kitchen property or engaging in volunteer activities in the community.
- I agree to clearly communicate with guests about any tasks or situations I am not comfortable with or unable to complete.
- By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information may result in the denial of my volunteer application or termination of volunteer service.

Signature: _____ **Date:** _____