

Meeting Healthcare Needs Locally and Globally



Dear Volunteer Candidate,

Thank you for your interest in volunteering with Hands of Hope Northwest, Inc. (HoH). Volunteers are a vital part of this ministry which is impacting lives worldwide. HoH collects, sorts, boxes, and sends medical supplies and equipment all around the world to developing countries. We also make durable medical equipment available to those locally who have a short term need. All of our ministry is done in the name and love of Christ. We believe that by providing for the poor and needy we are fulfilling one of the commandments of our Lord and are opening the way for the gospel to be preached.

We have included in this packet:
Volunteer Ministry Application
Emergency Contact Information
Release Form

As you read through this packet, please pray that God will show both you and Hands of Hope Northwest His will regarding your involvement. If you feel that you are led to apply for a volunteer position with Hands of Hope, please fill out the application and return it to us. We will then schedule a time for an interview.

In His service,

Robin Louis
208-461-1473

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Volunteer Ministry Application

_____ Date: _____
First M.I. Last

Address: _____
Street City State Zip

Phone: _____
Home Cell

Email: _____

How did you hear about volunteering at Hands of Hope Northwest, Inc.?

Recent Training and Experience:

- ◇ Retired
- ◇ Student School: _____
- ◇ Employed Employer: _____ Position _____
- ◇ Other: _____

What training or employment experience do you have?

Areas of interest:

- ◇ Administration (office)
- ◇ Information Technology
- ◇ Advocate/Fundraising
- ◇ Prayer Intercessor
- ◇ Meals/Banquets/Events
- ◇ Facility Maintenance
- ◇ Sorting/Packing
- ◇ Equipment Repair
- ◇ Loading Trucks
- ◇ Board Member
- ◇ Publicity/Graphic Design
- ◇ Other _____

Birthdate: ____/____/____ Anniversary: ____/____/____

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Availability:

Monday Tuesday Wednesday Thursday Friday Weekends On call

List 3 of your strengths:

1.

2.

3.

List your 3 favorite ways to spend your time (hobbies, interests, etc.)

1.

2.

3.

Is there anything else we should know about you?

I affirm that the information provided on this application is true and correct.

Signature

Date

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Volunteer Contact and Emergency Information

Emergency information:

Please list someone who could be reached in case of emergency.

First Name	Last Name	Relationship
Address	City	State Zip
Phone Number Home/cell	Work	

Medical Alert:

List any existing conditions, allergies, etc. _____

I give permission for my address and phone number to be released in printed form to other Hands of Hope Northwest personnel for business or emergency purposes only. It is understood that I am providing this information for use in the event of medical or other emergencies that necessitate contacting close family or friends.

Signature: _____ Date: _____

Your First Name Last Name

Phone Number: Home: _____ Cell _____

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Release Form

I hereby give Hands of Hope Northwest, Inc. permission to use my photograph in company brochures, promotional materials, and/or website.

Signature

Date