



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
- Media Release Form
- Volunteer Safety Procedures

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.

In His service,

Todd Durbin
Executive Director
208-461-1473
Info@handsofhopenw.org

1201 S. Powerline Rd., Nampa, ID 83686
Phone: (208)461-1473
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Volunteer Safety

The work requires of volunteers at Hands of Hope, many times requires a lot of bending, stooping, lifting and carrying objects or boxes. To ensure our volunteers remain injury free, it is important to carefully read the proper lifting instructions that follow.

What Is the Correct Way to Lift Objects?

- Ask for help when lifting heavy objects. If you must lift something, do not try to lift anything that is awkward or heavier than 20 pounds.
- Before you lift an object, make sure you have firm footing.
- To pick up an object that is lower than the level of your waist, keep your back straight and bend at your knees and hips. Do not bend forward at the waist with your knees straight.
- Stand with a wide stance close to the object you are trying to pick up and keep your feet firm on the ground. Tighten your stomach muscles and lift the object using your leg muscles. Straighten your knees in a steady motion. Don't jerk the object up to your body.
- Stand completely upright without twisting. Always move your feet forward when lifting an object.
- If you are lifting an object from a table, slide it to the edge of the table so that you can hold it close to your body. Bend your knees so that you are close to the object. Use your legs to lift the object and come to a standing position.
- Avoid lifting heavy objects above waist level.
- Hold packages close to your body with your arms bent. Keep your stomach muscles tight. Take small steps and go slowly.

To lower the object, place your feet as you did to lift, tighten stomach muscles and bend your hips and knees.

When reaching for objects overhead:

- Get your body as close as possible to the object you need.
 - Make sure you have a good idea of how heavy the object is you are going to lift.
- Use two hands to lift.

Improper Lifting Technique



Proper Lifting Technique

-Bend at the knees

-Back remains straight

-Hold object close to body

-Feet shoulders width apart



Source: <http://aolsvc.health.webmd.aol.com/content/article/51/40819.htm>



VOLUNTEER MINISTRY APPLICATION

1201 S Powerline Rd Nampa, ID 83686

208-461-1743

info@handsofhopenw.org

www.handsofhopenw.org

Name: _____ Date: _____

Check here if Volunteer is under age 18 _____

Contact E-mail: _____

Parent/Legal Guardian Email (required if Volunteer is under age 18):

Address: _____ City, State, Zip _____

Phone: _____

Parent/Legal Guardian Phone (required if Volunteer is under age 18):

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

Training & Experience

____ Retired

____ Student

College/Vocational: _____

____ Employed

Occupation: _____

____ Other: _____

Have you volunteered at a non-profit organization before? _____

If yes, where: _____

Areas of Interest:

___Administration (Office)

___Loading Trucks

___Advocate/Fundraising

___Meals/Banquets/Events

___Board Member

___Prayer Intercessor

___Equipment Repair

___Publicity/Graphic Design

___Facility Maintenance

___Sorting/Packing

___Information Technology

___ Other: _____

Availability:

Warehouse: ___Tues (9am – 12pm) ___Wed (9am – 12pm) ___Thurs (9am – 12pm)

Office: ___Mon (9am—2pm) ___Tues (9am—2pm) ___Wed (9am-2pm) ___Thurs (9am-2pm) ___Fri (9am—2pm)

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

Volunteer Signature

Date

Print Name

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Print Name

Media Release

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

Volunteer Signature

Date

Parent/Legal Guardian Signature

Date



EMERGENCY MEDICAL INFORMATION FORM

In case of a medical emergency the following key information would be of great value to attending medical personnel in helping to diagnose and treat a medical problem. Kindly complete this **CONFIDENTIAL** form which will be kept in your personnel file to be used **only** in the case of a medical emergency. It is extremely important that all questions be answered to assure prompt and appropriate medical treatment during a medical emergency.

Volunteer Name: _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

IN CASE OF A MEDICAL EMERGENCY WHO SHOULD BE NOTIFIED?

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Telephone: _____ Cell Phone: _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Telephone: _____ Cell Phone: _____

DO YOU HAVE ANY KNOWN ALLERGIES? YES ____NO____

If yes, please list the things you are allergic to including any medication:

DO YOU HAVE ANY CHRONIC AILMENTS? YES ____NO____

If yes, please describe: _____

OTHER INFORMATION YOU FEEL IS IMPORTANT FOR THIS MEDICAL
RECORD

(i.e., contact clergy, etc.) _____

I give Hands of Hope Northwest the right, in the case of a medical emergency, to provide the
above information to attending medical personnel.

Volunteer Signature

Date

Parent/Legal Guardian (if Volunteer is under age 18)

Date