



New Hope Family Life Ministry, Inc.
P.O. Box 699
Radcliff, KY 40159



VOLUNTEER APPLICATION

Date: _____

Name: _____ ***Age:** _____

If serving as a group, list group contact name and phone number:

Note: If under the age of 14; parent/guardian's signature is required: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Volunteer Preference(s)

Clothes Closet:

_____ **1st Saturday of the Month: 9:30 AM – 1:00 PM**

_____ **3rd Saturday of the Month: 9:30 AM – 1:00 PM**

_____ **5th Saturday of the Month: 9:30 AM – 1:00 PM**

_____ **Flexible-various times during the week for special openings, as needed.**

Food Pantry:

_____ **10:00 AM – Noon**

_____ **Soup Kitchen Serve 11: AM - Noon**

Soup Kitchen:

_____ **8:00 AM – 10:30 AM**

_____ **Clean Noon – Till Completed**

Senior Meal Delivery Program:

A separate volunteer application and a background check are required.

Please Sign the Confidentiality Agreement on the reverse side of this application.



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Volunteer Confidentiality Agreement

I, _____

Understand that as a volunteer of New Hope Family Life Ministry, Inc., all information I am privy to concerning customers and partners of New Hope Family Life Ministry, Inc. is considered confidential. Confidential information is not to be repeated or discussed outside the customer or partner relationship and within the confines of law.

I understand, if I break this volunteer confidentiality agreement, my volunteer position with the Family Life Ministry and its programs will terminate.

I further agree, when my relationship with New Hope Family Life Ministry terminates, any information gained during my time with New Hope Family Life Ministry, Inc. will remain confidential.

My signature below indicates that the above referenced information was discussed with me.

Signature

Date

Witness Signature

Date