



Participation Application

Date _____

Participation Form Goal Statement

Name _____

Please provide the following information determined by the worksheet:

Monthly Expenses

- Monthly rent/mortgage pmt
- Car payment and insurance
- Utilities (gas, electric & water)
- Loans/credit card payments
- Other: _____

Total Expenses:

Monthly Income

- Wages after taxes (include all in household)
- Other income

Total Income:

Write in **Total Expenses** from above & subtract from Income:

Total net income:

Please briefly describe the reason(s) you are in need of our services:



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I/we understand that as recipients of goods and services from Hope Station Community Services, Inc. (HSCSI), I/we are subject to periodic review for eligibility by HSCSI, and that continued participation is a privilege that can be revoked at any time at HSCSI's sole discretion. I/we agree to pay all program participation charges assessed when and as due. I/we further understand that the goods and services I/we receive have been donated by others to HSCSI, and therefore may not be fresh or of first quality. I/we also understand and agree that I am expected to volunteer two (2) hours per month at HSCSI.

RELEASE

In consideration of the opportunity to participate in the program provided by HSCSI, I/we hereby agree to release, discharge, indemnify and forever hold harmless HSCSI, its officers, directors, employees, agents, contractors, volunteers, and donors from and against any and all claims arising from my acceptance and use of goods and services received from HSCSI.

The undersigned hereby certifies that he/she is 18 years of age or older, and that he/she has read the attached current Participation Guidelines, and all future guidelines that may be issued from time to time, and, for him or herself and his/her family members, agrees to abide by them.

Participant (Please Print)

Spouse (Please Print)

Participant Signature

Spouse Signature

Date

Date

Please mail application to:

Hope Station Community Services, 2960 Pringle Road SE, Salem OR 97302

Notes: (for office use only)
