

Please print legibly.



Community Food Bank Volunteer Application

Date: ___/___/___

Name: _____ Email: _____

Tel: (____) _____ Cell: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact _____ Tel: _____

1. How did you hear about the Community Food Bank? (i.e., school, civic group / club, church, requirement, other):

2. Are you completing community service for any of these reasons? (Mark One)

Court Requirement: _____	Government-sponsored program? _____	Housing: _____	JOBS: _____
Student Requirement? _____	Other: _____		
Number of Hours Required _____		Required Completion Date: _____	

3. Physical Limitations: (Mark)

	No	Yes	Please explain / comments:
Are you taking any medications we should be aware of?	___	___	_____
Do you have back problems?	___	___	_____
Do you prefer a seated volunteer position?	___	___	_____
How many pounds do you feel comfortable lifting?	_____ lbs		

4. General Availability: (Mark when you are available.)

Weekdays _____	Weekends _____	Evenings _____	Special Events _____ (Please write your email address above.)
----------------	----------------	----------------	---

5. Interests: Please mark your areas of interest.

Customer Service/ Distributing Food: _____	Children's Programs: _____	Sorting/Packing Food: _____
Garden/Farm: _____	General Office Work: _____	Advocacy/Policy/Research: _____
Data Entry/Computer: _____	Special Events: _____ (Please write email above.)	

6. How many other places do you volunteer? _____

7. Would you like to receive the CFB newsletter? Yes: _____ No: _____

Survey information: (Optional information for grant writing and funding purposes.)

Age: _____ Birthday: _____ (month/day)

Ethnicity: (Circle One): White (Non-Hispanic) Hispanic African-American Asian Other

Education: (Circle One): <9th Grade 9th-12th Dipl/GED Some College Assoc Degree Bachelors Masters PhD/Doctorate

Income Range/Yr: (Circle One) <\$25K \$25K-\$40K \$40K-\$60K \$60K+

Occupation: _____

Language Skills: Spanish _____ Other Languages: _____

Office Use Only:

Rec'd By: _____ Walk-in? _____ Needs Call _____ Assigned? No _____ Yes _____ Dept: _____

Start date: _____ Date of Tour: _____ Not Active _____ Closed _____

Volunteer Consent

Thank you for agreeing to volunteer at the Community Food Bank. Your work will help to feed hungry people in Pima County. We appreciate all the work that volunteers do for us and we hope to make this a satisfying and fun experience for you as well. These guidelines have been established to create a safe, productive and gratifying volunteer experience for everyone.

Community Food Bank Policies

1. Volunteers must not report to the Community Food Bank (CFB) under the influence of alcohol or any other mind-altering drug/substance.
2. Individuals convicted of a violent crime or any type of domestic abuse will not be accepted as volunteers.
3. All matters pertaining to clients will be considered strictly confidential.
4. Dress is expected to be appropriate. Nothing that may be a safety hazard will be permitted (i.e. loose fitting clothing or jewelry, opened toed shoes, sunglasses). Name tags must be worn at all times.
5. I agree to accurately record my volunteer time on the attendance sheets in each department. I must notify my area manager or Volunteer Services Coordinator as soon as possible if delayed or unable to keep my schedule.
6. If I have a question or a problem, I will go to the Volunteer Services Coordinator or to the Operations Director
7. When representing the Community Food Bank in public, I will act professionally, upholding the mission of the CFB.
8. No forms of harassment will be tolerated. The Community Food Bank is committed to providing a work environment where women and men can work together comfortably and productively, free from all forms of harassment, sexual or otherwise.
9. Eating is allowed only in the lunchroom where snacks are provided to be consumed only at CFB. There is no smoking in the warehouse or lunchroom at any time. Smoking is allowed outdoors 100 feet away from the building.
10. Report any accidents or injuries to your immediate supervisor or the Volunteer Coordinator. Report all injuries including minor injuries such as bruises and scrapes. Fill out an accident report provided by your supervisor.

In return the Community Food Bank agrees to

1. Provide adequate job training.
2. Provide adequate space and good working conditions.
3. Maintain record of all volunteer hours.
4. Provide references and /or confirmation of hours worked (with advance notice).
5. As an equal opportunity employer, it is our policy to ensure that each volunteer is accorded equal treatment and opportunity.
6. The Volunteer Manager will provide further information on these policies through the Volunteer Manual (located in each department and in the reception area) or individually on request.

Safety Standards and Emergency Procedures

1. Work according to good safety practices as posted, instructed and discussed.
2. Refrain from any unsafe act that might endanger oneself, the people we serve or co-workers.
3. Use all safety devices provided for your protection- failure to comply with safety requirements could result in immediate dismissal.
4. Report any unsafe situation or acts immediately to your supervisor.
5. Fires or emergencies should be reported to the supervisor. If evacuation is required, volunteers should use the closest unaffected exit in a quick and calm manner. Move as far away from the building as possible for your safety and make room for emergency vehicles.

Waivers

1. I hereby agree to hold harmless and waive any and all claims or causes of action against the Community Food Bank arising out of any cause whatsoever, including but not limited to claims arising out of the negligence on intentional conduct of its employees or agents.
2. I attest that I am physically fit and prepared to perform the tasks assigned to me as a Community Food Bank volunteer.
3. I further agree to use my personal insurance as the primary provider in the event of injury due to my work as a volunteer for the Community Food Bank.
4. I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by Arizona law.
5. The Community Food Bank is not responsible for loss or damage to volunteer's personal property.
6. I also grant the Community Food Bank full permission to use photographs of me.

I have read, understand and agree to the above Community Food Bank policies, safety and emergency procedures, and waivers:

Volunteer's Signature_____ Date___/___/___

If under 18, signature of parent or legal guardian is required:
_____ Date___/___/___

Print Name(s):_____