

Please print legibly.



# Amado Community Food Bank

Date: \_\_\_/\_\_\_/\_\_\_

## Volunteer Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

1. How did you hear about the Amado Community Food Bank? (e.g. school, 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)

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

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

Monday ___	Tuesday ___	Wednesday ___	Thursday ___	Friday ___	Evenings ___
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5. Interests: Please mark your areas of interest.

Customer Service/ Distributing Food: _____	Sorting/Packing Food: _____	General Office Work: _____
Data Entry/Computer: _____	Advocacy: _____	Special Events: _____ <i>(Please write email above.)</i>

6. Would you like to receive the Amado CFB newsletter? Yes: \_\_\_\_\_ No: \_\_\_\_\_

<b>Survey information: (Optional information for grant writing and funding purposes.)</b>					
Age: _____	Birthday: _____ (month/day)				
Ethnicity: (Circle One): White (Non-Hispanic) Hispanic African-American Asian Other					
Education: (Circle One): <9 <sup>th</sup> Grade 9 <sup>th</sup> -12 <sup>th</sup> 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: _____					

<b>Office Use Only:</b>					
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 Amado Community Food Bank (Amado CFB). We appreciate the work of volunteers. These guidelines have been established to create a safe, productive and gratifying volunteer experience.

### Amado Community Food Bank Policies

1. Volunteers must not report to the Amado CFB under the influence of alcohol or any 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. Report volunteer time on attendance sheets. Notify the area manager or Executive Director as soon as possible if delayed or unable to keep your schedule.
6. If you have questions or a problem, go to the Amado CFB Executive Director.
7. When representing the Amado CFB in public, volunteers will act professionally, upholding the mission of the Amado CFB.
8. No forms of harassment will be tolerated. The Amado CFB is committed to providing a work environment where women and men can work together comfortably, free from all forms of harassment, sexual or otherwise.
9. Eating is allowed only in the break area. There is no eating or drinking of donated products unless with Amado CFB staff approval. There is no smoking in the building. Smoking is allowed outdoors 100 feet away from the building.
10. Report any accidents or injuries to your supervisor or the Amado CFB Executive Director. Report all injuries including minor injuries such as bruises and scrapes. Fill out an accident report provided by your supervisor.
11. Follow all safety standards and emergency procedures, including use of safety devices. Report any unsafe conditions to your supervisor.

In return the Amado Community Food Bank agrees to

1. Provide adequate job training, space and good working conditions.
2. Maintain record of all volunteer hours.
3. Provide references and /or confirmation of hours worked (with advance notice).
4. As an equal opportunity employer, it is our policy to ensure that each volunteer is accorded equal treatment and opportunity.
5. The Executive Director will provide further information on these policies upon request.

### Waivers

1. I agree to hold harmless and waive any and all claims or causes of action against the Amado CFB 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 CFB 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 Amado CFB.
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 Amado CFB is not responsible for loss or damage to volunteer's personal property.
6. I also grant the Amado CFB full permission to use photographs and video of me.

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

Volunteer's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If under 18, signature of parent or legal guardian is required:

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Print Name(s): \_\_\_\_\_