



Volunteer Application

Name: _____ Birthdate: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

E-mail: _____

How did you hear about us? _____

Emergency Contact: _____

Contact Relationship: _____ Emergency Phone Number: _____

Primary communication to volunteers is through the weekly notification, *UFB Volunteer Opportunities*. Would you like to receive this email about upcoming availability? Yes No

Tell us about yourself! We want to get to know you better. Please consider these questions as you think about your upcoming volunteer experience with us:

1. What brings you to volunteer with us now? Have you volunteered with us or with another organization before? If so, what did you enjoy about that experience?
2. Do you have a particular volunteer activity in mind already? Are there any particular skills or experiences that you want to share with us as you volunteer?
3. Some of our volunteer activities required physical activities, while other are more sedentary but require critical thinking. Do you have any physical limitations such as lifting or mobility, or other health concerns that we should keep in mind when placing you in activity?
4. While we have volunteer activities available 6 days a week, not all activities are available at all times. What is your schedule like? Would you prefer to work a regular schedule, volunteer one or a few times to meet a specific goal, or schedule your volunteer activity as you have time? Do you have an upcoming vacation we should schedule around?
5. How soon would you like to get started?

Are you bilingual or multi-lingual? Yes No

If yes, please list languages spoken: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Sorting | <input type="checkbox"/> Food Box Assembly | <input type="checkbox"/> Office Work / Clerical |
| <input type="checkbox"/> Food Drive | <input type="checkbox"/> Backpack Assembly | <input type="checkbox"/> Event Coordination |
| <input type="checkbox"/> Citrus Gleaning | <input type="checkbox"/> Volunteer Transportation Posse | <input type="checkbox"/> Volunteer Leadership |
| <input type="checkbox"/> Special Events (ie Turkey Drive, Hike for Hunger) | <input type="checkbox"/> Package Prep for Food Co-op | <input type="checkbox"/> Friday Food Co-op |
| | <input type="checkbox"/> Secret Shopper / Agency Monitor | <input type="checkbox"/> Group Event |

For Office Use Only:

Date Received _____ ADB # _____

ADB time _____ VODB _____ CC _____



Volunteer Expectations Agreement

You, a United Food Bank Volunteer, provide the power that enables United Food Bank to supply agencies with *millions of pounds* of food each month. The following are guidelines to make United Food Bank a safe and pleasant place for you to volunteer your time.

1. Volunteers working in any capacity within United Food Bank must be at least 12 years of age.
2. If any task causes you discomfort, or if you feel it is unsafe or unhealthy to perform a specific task, report the fact to a food bank staff member immediately.
3. Wear sensible, appropriate clothing and footwear for the task(s) at hand. Closed toed shoes are required for all warehouse activities.
4. Wash hands before beginning your shift, after eating, and after using the restroom.
5. Alcohol and other drugs are prohibited in the workplace.
6. United Food Bank has a "No Smoking" policy.
7. Only authorized personnel may operate machines or equipment.
8. Report any injury immediately to United Food Bank.
9. Do not use cell phones on the warehouse floor.
10. Please avoid conversations, comments and language that are inappropriate in a professional workplace.
11. The team needs you. Please honor your scheduled commitments.
12. Do not take food or drink onto the warehouse floor.
13. Do not take any food from the food bank.
14. Know that you are a vital part of the organization and are helping to feed hungry families each and every shift.

Thank you for all that you do!!

As a United Food Bank Volunteer, I will abide by the expectations set forth above in order to maintain a safe and pleasant work environment for all.

Signature of Volunteer: _____ Date: _____

Parent Signature (if Volunteer is under 18 years of age): _____



Individual Waiver of Liability Form

Name *(PLEASE PRINT)*: _____

E-Mail Address: _____

Address: _____

City, State, Zip: _____

Phone Number: (h) _____ (w) _____

Waiver and Release of Liability (Must be completed & signed to be a volunteer)

I understand that, as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume that risk. I agree that I will only perform volunteer activities that I am comfortable doing. I also agree that I will not hold United Food Bank and all of their former and current officers, directors, and employees, or any of their community service partners responsible or liable for any damage or injury to me or my property as a result of my participation in volunteering with United Food Bank. I agree to be responsible for my behavior and to indemnify and hold harmless United Food Bank and all of their former and current officers, directors, and employees, and their community service partners from any damages or liabilities arising out of my activities as a volunteer in connection with United Food Bank. I also grant full permission for United Food Bank to use photographs or video footage of me in legitimate accounts and promotions of this organization.

Signature of Volunteer: _____ Date: _____

Parent Signature (if Volunteer is under 18 years of age): _____