

FALLS HUNGER COALITION VOLUNTEER APPLICATION

Name: _____

Address: _____

Email: _____ RSVP Member: ____ Yes ____ No

Date of Birth: _____ Phone: _____

Emergency Contact: _____ Phone # _____

Please tell us about yourself! We want to get to know you better.

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?

Are there any particular skills or experiences that you want to share with us as you volunteer?

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?

How soon would you like to get started?

Are you bilingual or multi-lingual? Yes No If yes, please list languages spoken:

Please tell us in which areas are you interested in volunteering:

___ Food Rescue: pick-up food
for the food shelf

___ Events (Food Drives/etc.)

___ Fundraising

___ Food Sorting & Food Box Assembly

___ Event Coordination

___ On-Call Volunteer

___ Delivering Food

___ Personal Shopper with Clients

___ Office Work/Clerical

Are you comfortable dealing with persons in a crisis situation? __YES __NO

What days of the week are you available to volunteer?(Open Hours::Tuesday 10am-4pm, Thur & Fri 10am-2pm)

Tuesday Wednesday Thursday Friday Saturday

What Hours are you available on the above days? _____

****Have you ever been cited for and/or convicted of a crime, and/or had findings made against you in any criminal or civil judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult? (You must answer "yes" even if such findings became final due to your failure to timely exercise a legal right to administratively challenge such findings.) Inform Falls Hunger Director when/if this information ever changes.**

Yes _____ No _____

If yes, please describe the date, jurisdiction, and nature of each offense and/or finding:

NONDISCLOSURE STATEMENTS

In the course of volunteering for Falls Hunger Coalition, Inc. – Food Shelf, I may be working with and acquire information regarding recipients/clients which is private and/or confidential. Federal, State, and County laws prohibit the disclosure of any recipient information without the express written consent of the recipient/client. I understand these laws and regulations and agree that any information I acquire will not be disclosed to any person or entity. Any requests for such information will be immediately forwarded to the Executive Director.

By signing this volunteer document you are agreeing to abide by our policies. Falls Hunger Coalition's Staff and Board of Directors appreciate your compliance.

Signature _____

Date _____

LIABILITY RELEASE/WAIVERS

The undersigned individual will be engaged in volunteer service in the form of special events, warehouse, office and related duties for Falls Hunger Coalition, Inc. This participation is voluntary on the part of the individual, who hereby releases Falls Hunger Coalition, its Executive Director, employees, agents, Board of Directors, predecessors, successors, assigns, representatives, attorneys, subsidiaries, and affiliates; and all persons acting by, through or in connection with any of them from any and all claims, liabilities, damages, losses, demands, and actions of any nature whatsoever arising out of the individual's participation in such duties. Such release extends to any injury, damage, loss, or liability incurred by the individual while engaged in such duties, whether occurring on or off the premises owned or operated by Falls Hunger Coalition.

PHOTO RELEASE I hereby grant Falls Hunger Coalition permission to use my photograph in any and all publications, including web site entries, without payment or any other consideration in perpetuity.

Signature: _____

Date: _____

Signature of parent or guardian if volunteer is under 16 years of age