

Volunteer Service Title (circle): 1) Court Mandated _____hrs. Required 2) MS/HS Service _____hrs. Required 3) Ongoing Volunteer (circle preferred area & day) M T W TH F Food Organizing Driver Client Services

SNOQUALMIE VALLEY FOOD BANK VOLUNTEER REGISTRATION FORM

Personal Information					
Name:			() Female () Male		
Last		Middle Initial			
Address:				_	
Street/Box #	City	State	Zip		
Phone #:	E-Mail Address:			_ Date of	
Birth:/ Age	Minimum age of 14 years old	d.			
Emergency Contact #:	Phor	ne #:			
Relationship (husband/wife, parent, friend): _					
Auto Insurance Information If you are a Volunteer Driver and using your car to drive to and from area stores the following information is required. Please attach a copy of your driver's license and insurance card.					
Driver's License #:	State:	_ Expiration Date:		_ Do you carry	
the minimum WA state required liability insur					
Insurance Company:				-	
Insurance Statement: I understand that if I u policy current and equal to the minimum WA please initial here		• •			
Certifications	Food Handler's Permit?		Evp. Data:		
Please attach a copy of all certifications.		() Yes () No	Exp. Date:		
	CPR Certified?	() Yes () No	Dated:		
	First Aid Certified?	()Yes ()No	Dated:		
Skills					

Skills

What skills and knowledge are you willing to share with the Snoqualmie Valley Food Bank? Please check boxes that match your skills or interest.

Administrative	Fundraising	Cleaning
Board of Directors	Food Pickups/Deliveries	Organizing Clothing
Computer Skill	Newsletters	Organizing Food
Handy Person	Language	Office Help
Art / Photography	Marketing/Advertising	Customer Service
One-day Work Parties	Planning Special Events	Maintenance

Confidentiality Statement: I understand that all information on this form is voluntarily supplied and may only be used and disclosed in a professional manner. I understand it is the policy of Snoqualmie Valley Food Bank (SVFB) to regard all information (both written and verbal) pertaining to staff, volunteers and clients served as confidential. Furthermore, I understand and agree to comply with the confidentially statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

please initial here

Drug Free Statement: SVFB is committed to providing a drug free, healthy, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. Snoqualmie Valley Food Bank prohibits the use, possession, or sale of illicit drugs in the workplace or when conducting agency business.

please initial here

Photo/ Image Release and Waiver: I hereby give SVFB, its assigns, licensees and legal representative the irrevocable right to use my name/photograph/image/audio/video recording/and likeness (My Image) in all forms and manner including but not limited to publication on Internet web sites, broadcasts and any other publications as released to or by SVFB. I understand that SVFB cannot control unauthorized use of My Image with persons not associated with SVFB once My Image has been published. I hereby forever waive any right to inspect or approve any publication of My Image by SVFB. I have carefully reviewed and understand the provisions and agree to be bound by them.

please initial here

Background Check: SVFB desires to provide a safe environment for all people. We will make an inquiry to the Washington State Patrol where they will perform a search of convictions of crimes against children or vulnerable adults. In order to facilitate and authorize this action, please answer the following questions:

() No () Yes	I have been convicted of a crime.
() No () Yes	I have had findings made against me in a civil adjudicative proceeding.
() No () Yes	I have both a conviction and finding(s) made against me.

I understand I will be notified within 10 days after receipt of the findings, and a copy of same will be provided to me.

All applicants over the age of 18 must pass a background check within 30 days of their first volunteer service.

please initial here

Please sign and date this application form. This affirms you have read and understand the Guiding Principles on page 2, the confidentiality, insurance, drug free statements, photo/image release waiver and background check on this form, and that all above information is true to the best of your knowledge.

Volunteer Signature

PARENT/GUARDIAN SIGNATURE IS REQURIED FOR THOSE UNDER 18

١, am the custodial parent/guardian of the above listed person. I give permission for him/her to participate in volunteer activities I hold harmless the Snoqualmie Valley Food Bank for any injury or other situations that may arise from my child's choice to serve as a volunteer. I understand that in some volunteer situations parental or adult supervision may be required. I agree to hold Snoqualmie Valley Food Bank harmless, and give my child permission to participate in volunteer activities.

*Parent signature (required for volunteers under 18)

Date

Date



Guiding Principles

Most non-profits agencies track the number of volunteers and hours donated in support of their services. With the submission and tracking of volunteer hours the Snoqualmie Valley Food Bank can provide summary reports of service hours to our partner agencies. These reports also allow us to use the value of donated volunteer hours as an in-kind match for grants and other funding support.

Volunteer Rights:

- You should be treated as a co-worker by staff members at the agency.
- You should be given assignments that utilize and develop your skills.
- You should be given adequate information and training to carry out your assignments.
- You should receive guidance and supervision by a staff member.
- You should feel free to discuss problems, ask questions, or make suggestions.
- You should have a designated place to work.
- You should receive recognition of a job well done.

Volunteer Expectations:

Volunteers expect and enjoy certain rights when they donate their time. Volunteers, however, have specific responsibilities to the Snoqualmie Valley Food Bank. We count on you! Please fulfill your shift commitment.

- You must be dependable, reliable, businesslike, and abide by the agreement you make with the Snoqualmie Valley Food Bank.
- You must notify us if it is not possible to meet your commitment as planned.
 - Phone: 425 888-SVFB (7832)

E-mail: manager@snoqualmievalleyfoodbank.org

- If you have problems or concerns, please talk to your supervisor so that they may be discussed and resolved. Be sure to ask questions about things you don't understand.
- You must sign in & out on volunteer board before and after each shift.
- Items donated to our facility are strictly for our clients. Please refrain from taking anything from the premises. If you would like to participate in the services to receive food please follow the appropriate client registration process and distribution policy.

Volunteer Dress Code and Name Badges:

- Volunteers should dress in comfortable and appropriate clothing that allows you to be unrestricted when you bend and lift, and free from items that could be caught in equipment.
- Nonslip, close-toed shoes are also required.
- Volunteers are required to wear an SVFB name badge displaying their first name only.

Thank you for filling out our volunteer registration form, we look forward to having you join our Community In Action!