



SNOQUALMIE VALLEY FOOD BANK VOLUNTEER APPLICATION

Personal Information

Name: _____ () Female () Male () They/Them
Last First M.I.

Address: _____
Street/Box # City State Zip

Phone #: _____ Email: _____

Date of Birth: ____/____/____ Age: _____

Applicants over 18:

Driver's License #: _____ State: _____ Expiration: ____/____/____

Auto Insurance Company: _____ Policy #: _____

Insurance Statement: I understand that if I use my personal vehicle during my volunteer service, I will keep my automobile insurance policy current and equal to the minimum WA state requirement. My insurance will be charged first if there is an accident.
_____ please initial here

Emergency Contact Name: _____ Phone #: _____

Relationship: _____

Service Hours:

Is your service court mandated? Y / N _____ Hours Required

Are you a student needing service hours? Y / N _____ Hours Required

Shifts fall within the below timeframes, please circle any shifts that align with your availability:

Mondays 9am – 11:30am

Tuesdays 10am – 12:45pm OR 2:30pm – 6:30pm

Wednesdays 9am – 1pm OR 1pm – 5pm

Thursdays 9:30am – 1pm

Skills

What skills or knowledge are you willing to share with SVFB? Please check all that apply.

Administrative	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Handy Person & Maintenance	<input type="checkbox"/>
Board of Directors	<input type="checkbox"/>	Food Pickups/Deliveries	<input type="checkbox"/>	Planning Special Events	<input type="checkbox"/>
Computer Skill and office help	<input type="checkbox"/>	Marketing/Advertising	<input type="checkbox"/>	One-day Work Parties	<input type="checkbox"/>

Do you speak any languages other than English: _____

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 guests served as confidential. Furthermore, I understand and agree to comply with the confidentiality 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 representatives 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. 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.

All applicants over the age of 18 must pass a background check before their first volunteer service. I give permission to do a background check.

_____ please initial here

Alias/Maiden Name: _____

Although I understand that SVFB is legally required to notify me all findings and provide me a copy of my background check, I hereby waive all such requirements.

_____ please initial here

Please sign and date this application form. This affirms you have read and understand the Guiding Principles on page 3, 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

Date

PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR THOSE UNDER 18

I, _____ 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

Our Guiding Principles

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 as soon as possible if you cannot meet your commitment as planned:
Phone: 425 888-SVFB (7832)
E-mail: manager@snoqualmievalleyfoodbank.org
- If you have problems or concerns, please talk to the supervisor on-site so they may be discussed and resolved.
- Be sure to ask questions about things you don't understand.
- **You must sign in & out** on the volunteer board before and after each shift. Like many nonprofit agencies, we track the number of volunteers and hours donated in support of our services. With the submission and tracking of volunteer hours, Snoqualmie Valley Food Bank can provide summary reports of service hours to partner agencies. These reports also allow us to use the value of donated hours as an in-kind match for grants and other funding support.
- Items donated to our facility are strictly for our guests. Please refrain from taking anything from the premises. If you would like to participate in our 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 application form. We'll be in touch with the next steps by email and to schedule your first shift. We look forward to having you join our *Community In Action!*