



VOLUNTEER APPLICATION

CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____

Birthday: _____ Email: _____

EMERGENCY CONTACT

Best method of contact: Phone Text Email

Name: _____ Relationship: _____ Phone: _____

VOLUNTEER OPPORTUNITIES

- Food Distribution
- Stocking
- Pick-ups/Driving
- Outreach/Special Projects
- Fundraising

AVAILABILITY

- Weekends
- Weekdays
- Mornings preferred
- Daytime preferred
- Generally, pretty flexible

Do you have any special skills/interests as it may pertain to volunteering?

Have you ever been convicted of a felony? If yes, please explain:

CONFIDENTIALITY STATEMENT

Carson Valley Community Food Closet requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning our organization and the clients and others we serve. We also require confidentiality and discretion from our volunteers as it pertains to the internal workings of the organization and information pertaining to clients, staff or other volunteers. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer.

I have read and understand the Confidentiality Statement and agree to maintain confidentiality in all matters concerning Carson Valley Community Food Closet clients/recipients.

Signature

Name Printed

Date

1251 Waterloo Lane • Gardnerville, NV • 89410
Phone 775-782-3711 • Fax 775-782-4452 • Tax ID: 88-0258742
info@thefoodcloset.org • www.thefoodcloset.org

For Office use:

Attended Orientation: Yes/No

Student/Missionary Volunteer

Date Contacted: _____