



# VOLUNTEER APPLICATION

## CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT

Best method of contact:  Phone  Text  Email

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ (M/H)

Signature of Parent or Guardian

Name Printed

Date

## VOLUNTEER OPPORTUNITIES

- Food Distribution (12:00-4:15)
- Stocking (8:00-10:00AM Lift 40lbs)
- Driving (Scheduled/Mornings)
- Outreach/Special Projects
- Fundraising

- Warehouse Support
- Front Patio (12:00-4:15)
- Janitorial/Cleaning
- Building Maintenance
- Kitchen/Learning Center

Do you have any special skills/interests as it may pertain to volunteering with the Food Closet?

\_\_\_\_\_

How did you learn of Food Closet volunteer opportunities?

\_\_\_\_\_

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

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For Office use:

Attended Orientation: Yes/No

Student/Temporary Volunteer

Date Contacted: \_\_\_\_\_