



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?

Community Service or Scholarship hours needed: _____

Court-ordered Community Service hours needed: _____

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

Are you also in need of food assistance from the Food Closet? Yes No

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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info@thefoodcloset.org • www.thefoodcloset.org

For Office use:

Attended Orientation: Yes No Student Temporary Volunteer Date Contacted: _____