



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

What is your motivation in volunteering at the Food Closet?

Community Service or Scholarship:

hours needed: _____

Court-ordered Community Service:

hours needed: _____

Meet new people/make new friends

Resume Builder

Learn a new skill

I am Bi-lingual

Language: _____

VOLUNTEER OPPORTUNITIES

- Food Distribution (12:00-4:15)
- Driving (Scheduled/Mornings)
- Unloading Deliveries (Mornings)
- Processing Food Donations
- Home Delivery
- Outreach/Special Projects
- Fundraising
- Warehouse Support
- Janitorial/Cleaning
- Building Maintenance
- Kitchen/Learning Center

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

Experience in a Warehouse environment with any of the following:

- Electric Pallet Lift/Stacker
- Electric Pallet Jack

(Please see other side for Confidentiality Statement, Safety Agreement, and Release of Liability and signature.)

For Office use:

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

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.

SAFETY AGREEMENT

I understand that I am volunteering my services to the Carson Valley Community Food Closet. I warrant that I am competent to perform the services I am offering the Food Closet, and I agree to perform these services in a safe manner. I understand that the Food Closet is authorized to direct and coordinate my efforts with those of other volunteers. I agree to follow the directions given by Food Closet personnel or volunteers that have been delegated requisite authority by Food Closet Personnel, ask for help as needed, and report possible hazards and unsafe activities to Food Closet personnel or volunteers that have been delegated requisite authority by Food Closet personnel. Signing in and out is a requirement for all volunteers. By signing in, volunteers agree they will abide by all safety regulations posted and will follow directions from Food Closet personnel or volunteers that have been delegated requisite authority by Food Closet personnel.

RELEASE OF LIABILITY

As consideration for volunteering for the Carson Valley Community Food Closet, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the Carson Valley Community Food Closet or its employees, agents, or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of the Carson Valley Community Food Closet as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE THE CARSON VALLEY COMMUNITY FOOD CLOSET AND ITS OFFICERS, EMPLOYEES, AGENTS, AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

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:

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