



Volunteer Application

(Please Print)

NAME: _____ PHONE: _____ (home) _____ (cell)

ADDRESS: _____ CITY: _____ ZIP CODE: _____

BIRTH DATE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

Able to Lift: ____ 40 LBS. Unable to lift: ____

Are you volunteering for school community service? _____ Name of School: _____ Hrs needed? _____

Court ordered community service? _____ Hrs needed: _____ Need by: _____ Which court? _____

List any medications/medical conditions which would need to be relayed to medics during an emergency: _____

Do you have any skills or talents that would be beneficial to the food bank? _____

Volunteer Guidelines and Authorization

I have read and understand the Sky Valley Food Bank Volunteer Guidelines. I give permission to have my photo taken and used for publicity purposes by the Sky Valley Food Bank. _____

I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature: _____ Date: _____

Consent to Background Check

I understand and consent to the background check for criminal history through the Washington State Patrol as required by State Law. I affirm that all of the information on this form is true. Please print your legal name as it appears on your birth certificate or driver's license if different than above.

Last Name _____ First name _____ Middle initial _____

Signature _____ Birth date _____ Date _____

Criminal History

Have you ever been convicted of a crime (excluding traffic citations) and/or had findings made against you in any criminal or civil judicial or administrative adjudicative proceeding? Yes _____ No _____

If yes, please give a brief description of the offense(s): _____

Have you ever had your driver's license suspended or revoked? _____

Personal Automobile Liability Insurance

I affirm that if I use my personal car/truck for Food Bank business, I have a valid driver's license and the Washington State required automobile liability insurance coverage.

Signed _____

Date _____

Volunteer services are performed without compensation. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to place volunteers. All information will be kept confidential.

For Office Use Only _____ Civil Rights Training _____ FLL Training _____ Health Card

SKY VALLEY FOOD BANK

Volunteer Agreement

Thank you for agreeing to volunteer at the Sky Valley Food Bank. Your work will help feed hungry people in East Snohomish County. We appreciate all the work that volunteers do for us and we hope to make this a satisfying and fun experience for you as well. These rules have been established to create a safe, productive and gratifying volunteer experience. Thank you for all your efforts.

Sky Valley Food Bank Policies—Please read and initial each one.

- Clients, donors, and volunteers will be treated with respect and politeness at all times. If a disagreement arises, contact the Executive Director or designated PIC (person in charge.)
- All clients, volunteers, and donors will be provided services in a non-discriminatory manner, without bias due to race, sexual orientation, color, religion, sex, age, national origin, citizenship, ancestry, physical or mental handicap, marital status, or because such person is a recipient of federal, state or local public assistance.
- Volunteers must not report to the Sky Valley Food Bank (SVFB) under the influence of alcohol and/or behavior-altering drugs or substances.
- Your personal safety is important. To avoid injury all volunteers must wear closed-toe shoes.
- Wash your hands before and after handling food items. Observe good housekeeping habits, and maintain good personal hygiene. Wear gloves when repackaging, or handling food. Volunteers should not report to the food bank if they are ill.
- Recipients', donors', and volunteers' privacy and personal information will be kept confidential at all times.
- When representing the food bank, you will need to act responsibly, upholding the mission of the food bank. Our mission is: To kindly and respectfully provide equitable access to nutritious food in our community.
- Sexual harassment, violence, harassing behavior, or offensive speech will not be tolerated. SVFB is committed to providing a work environment where women and men can work together comfortably and productively, free from all forms of harassment.
- Volunteers must sign in each time prior to taking any food off the premises. You must follow the same procedure as any other recipient. Food must not be taken until it has been checked in, weighed and put away.
- Weekend volunteers are allowed to take the standard amount of food set for our clients. Please weigh your outgoing food and document it on the green outgoing food log located by the scale so it can be entered into the system for accounting purposes.
- Immediately report any damage to equipment, vehicles, or bodily injury.
- Please notify the front office if you are unable to work on your scheduled day.

Disclaimer: Most tasks are in a warehouse setting.

You will be asked to be on your feet for three to four hours. Able to lift boxes and crates of food up to 40 pounds. And able work in the heat of summer, and the cold of winter.

I understand the rules of the Sky Valley Food Bank, and understand that failure to follow these rules will result in my dismissal.

Signature: _____ Date: _____



APPLICATION DISCLOSURE STATEMENT

Please answer the following questions and return with the "Request for Criminal History Information child/adult abuse information act" form. RCW 43.43.830 through 43.43.845

1. Have you ever been convicted of any crime? Circle one YES NO

If Yes, please explain: _____

2. Have you ever had findings made against you in any civil adjudicative proceeds?
Circle one YES NO

If Yes, please explain: _____

3. Have you ever had a conviction and findings made against you? Circle one YES NO

If Yes, please explain: _____

I affirm, that the above information is correct.

Signature

Date