

# *Snohomish Community Food Bank*

## Volunteer Application Form

<b>Type of Service:</b> <input type="checkbox"/> Service to the Community <input type="checkbox"/> School Credit <input type="checkbox"/> Court Ordered		
<b>Name:</b>		<b>M F</b> <b>DOB:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Cell phone:</b>	<b>Other:</b>
<b>E-mail:</b>		
<b>How did you hear about this Food Bank?</b>		
<b>Emergency Contact:</b>		<b>Telephone:</b>
<b>Emergency Contact:</b>		<b>Telephone:</b>
<b>Type of Vehicle:</b>		<b>License Plate:</b>
<b>Type of Work Preferred:</b> <input type="checkbox"/> Clerical <input type="checkbox"/> Driving <input type="checkbox"/> Organizing <input type="checkbox"/> Sorting <input type="checkbox"/> Serving		
<b>Available Days:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<b>Available Times:</b> <input type="checkbox"/> 8 - 10am <input type="checkbox"/> 10 - Noon <input type="checkbox"/> Noon - 2pm <input type="checkbox"/> 2 - 4pm <input type="checkbox"/> 4 - 7pm		
<b>Have you ever been legally prohibited/restricted by a court of law to be around children?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:		
<b>Have you ever had a positive test for Tuberculosis?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:		
<b>Have you ever had a positive test for Hepatitis? (Type A, B or C)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:		
<b>Have you ever had your drivers license in Washington State suspended or revoked?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:		
<b>Do you have a Health District Food Handlers Permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Willing to Obtain		
<p>To the best of my knowledge, all of the information I have provided on this application is correct. I understand that the Snohomish Community Food Bank (SCFB) staff must accept and approve my application before I can become a volunteer. Upon the approval of my application, I agree to work cooperatively under the management, direction and guidance of the Executive Director. I understand that as a SCFB volunteer, I will be a representative of the mission and values of the organization. My first priority will be to represent the needs of the client users of the SCFB in a caring, dignified and humane manner. I pledge to always serve the SCFB clients in a helpful manner and treat them with respect, dignity, compassion and kindness. As a SCFB volunteer, I will maintain good attendance and a cooperative attitude. I will demonstrate the desire and ability to work as part of a team under the guidance and supervision under the Executive Director. I will acknowledge differing points of view and work to resolve issues with care and respect. I understand that my volunteer position can be terminated at any time for any reason at the discretion of the Executive Director.</p>		
<b>Print Name:</b>		
<b>Signature:</b>		<b>Date:</b>
<b>Signature of Legal Guardian (if under 18):</b>		<b>Date:</b>