

VOLUNTEER APPLICATION



Name: _____

D.O.B.: _____

Email: _____

Phone: _____

Address: _____

Community Service Hours Needed: Yes / No

Circle one: Court ordered / School

City: _____ Zip: _____

Total Hrs: _____ By Date: _____

Days available to serve 8am-12pm

Monday

Tuesday

Wednesday

Thursday

Friday

Previous/Present Work Experience: _____

Previous/Present Volunteer Experience: _____

Hobbies/Interests: _____

Skills: _____

How did you hear about AFFCB? _____

Spanish Speaking: Yes / No

Have you been convicted of a felony? Yes / No _____

EMERGENCY CONTACT INFORMATION

Physical Limitations: Yes / No Please explain: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Describe any condition for which you are being treated: _____

Are you taking any medications which we should be aware of? _____

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I am interested in volunteering to help with (check any that apply):

- Food handling, sorting, repackaging, bagging
- Clothing handling, sorting, and hanging
- Administrative duties, answering phones
- Assisting guests with paperwork
- Filing
- Van Driver, Donation Pickup
- Landscaping
- Handyman

WAIVER

I hereby agree to hold harmless and waive any and all claims or causes of action against Agua Fria Food & Clothing Bank Inc. Arising out of any cause whatsoever, including but not limited to claims arising out of the negligent or intentional conduct of Agua Fria Food & Clothing Bank employees or agents.

I attest that I am physically fit and prepared to perform the tasks assigned to me as an Agua Fria Food & Clothing Bank volunteer subject to all personal limitations/restrictions described on page one of this form. I further agree to use my personal insurance as the primary provider in the event of accident or injury related to my work as an AFFCB volunteer.

I also grant Agua Fria Food & Clothing Bank full permission to use photographs of me and quotations from me for promotional or other purposes.

Signature

Date

Office Use Only

Start Date: ___/___/___ Position: _____

Notes: _____
