



Volunteer Application

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Birthday: _____ Email: _____

Emergency Contact: _____ Phone: _____

Availability:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Would you be available for a weekend special event? Yes No

Please mark which type(s) of work you are interested in:

_____ Warehouse (sorting and packing donated food) Tuesdays & Thursdays

_____ Driver (deliver school snacks, summer lunch program) Monday-Friday

_____ Food Distribution sites – Tuesdays & Thursdays

_____ Special events/fundraisers

Do you have any restrictions on movement? Yes No

Can you lift at least 25 pounds? Yes No

Why do you want to volunteer for the Food Bank of Nevada County?

This institution is an equal opportunity provider.



I agree to abide by the policies of the Food Bank of Nevada County. I understand that my failure to do so may result in dismissal from the Volunteer Program.

Release of Liability

I, _____, acknowledge that I provide volunteer services to the Food Bank of Nevada County, a California non-profit corporation located at 310 Railroad Ave #100, Grass Valley, CA 95945, and further, I hereby waive and release the Food Bank of Nevada County, its officers, directors, and agents from any and all claims, liabilities, costs or damages incurred by, caused by, or as a result of my providing said volunteer services to the Food Bank of Nevada County at the aforementioned location or such other place used in the business of the Food Bank of Nevada County.

Signature _____

Date _____

IF VOLUNTEER IS UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN:

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity, if accepted by the agency. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed. I understand that the Food Bank of Nevada County is a volunteer-based non-profit organization. I hereby release The Food Bank of Nevada County, its leadership, and members from any and all liability associated with the above-named child volunteering at the Food Bank.

Print Name: _____ Signature: _____

Date: _____

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PHOTO RELEASE FORM

I hereby grant permission to *The Food Bank of Nevada County* to use photographs and/or video of (Agency)_____ in publications, news releases, online, and in other communications related to the mission of *The Food Bank of Nevada County*.

(Signature of Adult)

Name _____

Address _____

Phone (day) _____ (Evening) _____

Email Address (optional) _____

Thank you!

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PHYSICAL ADDRESS: 310 Railroad Ave #100, Grass Valley CA 95945
MAILING ADDRESS: 578 Sutton Way #187, Grass Valley CA 95945

e-mail: foodbanknc@att.net **TEL:** 530 272-3796
website: www.info@foodbankofnc.org **FAX:** 530 272-7085