



Volunteer Application Form

Henrico Community Food Bank (HCFB) is the primary food distribution organization centrally located in Henrico County. "Connect Feed Nourish" illustrates the shared vision between the founding members of HCFB to ensure equitable food access of nutritious, healthy food for county residents.

Volunteers are a critical resource and HCFB leverages the talents and unique skills of volunteers to serve children, seniors and families across Henrico.

Please fill out the form so we may find the best way to utilize your skills and interests. We value your privacy and all information contained in this application remains confidential to HCFB and HCFB staff.

Getting to know you

Name: (Mr./Mrs./Ms.) _____

Address: _____

(City) _____ (Zip) _____

Cell #: _____ Home: _____ Work: _____

Email: _____

Age: (18-21) ____ (Over 21) ____ Birthday: _____

Emergency contact details:

Name: _____ Relationship: _____

Cell #: _____ Home: _____ Work: _____

Please list any medical conditions we should be aware of:

Employer and occupation:

Current employer: _____

Previous employer if retired: _____

Seeking employment: _____

Name of school if student: _____

If a student, do you need hours for school? _____ How many? _____

Have you ever been convicted of a felony or misdemeanor?

Yes ____ No ____

If yes, please explain _____

Year: _____

Court mandated or pre-court applicants

Do you currently need to log hours to a law office or court for pre-court? _____

Nature of infraction: _____

Year: _____ # of hours needed: _____ Hours needed by: _____

Name of caseworker/lawyer: _____

Phone: _____ Email: _____

Volunteer Assignments

Our assignments are active and require lifting, bending, stretching, moving and working on concrete or carpeted floors. Administrative positions are an exception.

- Delivery drivers:** Deliver bags of groceries to households. Each route is 1.5-2 hours. Monday-Friday opportunities, Saturday options available. Routes run from 10-Noon, or Noon-2pm.
 - Do you have a valid VA Driver's License? Yes ___ No ___
 - Do you have current auto insurance? Yes ___ No ___
 - Name of insurance company _____
 - Agent name _____ Contact # _____

- Bag packers, Stockers, Sorters:** Pack bags for daily delivery, sort perishable and non perishable items, stock and organize the pantry. Clean out refrigerators, replenish products, vaccum and clean work areas after the shift.
- Administration:** Assist with general administrative tasks like filing, copying, calling clients, scheduling deliveries and data entry.
- Community Distribution Assistants:** Assist with community food distributions throughout the year.
- Community Garden Assistants:** Plant, water, weed, harvest and help maintain our onsite garden.

Your availability

We understand that volunteers require flexibility, however due to the nature of our programs, we ask that you commit to at least 2 shifts a month.

Monday: 9am- Noon Noon-3pm **Thursday:** 9am- Noon Noon-3pm
Tuesday: 9am- Noon Noon-3pm **Saturday:** 10-2pm (delivery and community garden)
Wednesday: 9am-Noon Noon-3pm

Are you available to assist on short notice? Would you be willing to drive in inclement weather?

Any activity you want to avoid _____

Any special skills we should be aware of?

Other

How did you hear about us?

Liability, consent and release

Statement of Liability

HCFB is not responsible for personal injury or property damage suffered or caused by a volunteer in connection with his or her volunteer activity. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.

Confidentiality Statement

It is understood that as a volunteer of HCFB, you will protect the privacy of our clients and donors. Under no circumstances should a volunteer divulge information to anyone outside the organization.

Consent and Release

I hereby authorize HCFB or those acting with its permission to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed material or other media it distributes, displays, transmits or exhibits.

Criminal Records Check

By signing/acknowledging below, I realize that a national criminal records check will be conducted upon my acceptance for all driver assignments and I hereby consent to such a check.

Signature: _____ **Date:** _____

Questions:

Call us at 804.549.6609 or,

Email us at info@henricocommunityfoodbank.org