

# Sahuarita Food Bank and Community Resource Center Volunteer Application

NAME	TODAY'S DATE
ADDRESS	CITY, STATE, ZIP
HOME PHONE	CELL PHONE
EMAIL (Print Clearly)	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE

**I AM AVAILABLE:**

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

Specific Times: \_\_\_\_\_

How Often: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ On Call \_\_\_\_\_

Year Round Resident \_\_\_\_\_ Seasonal Resident \_\_\_\_\_ Months Available \_\_\_\_\_

**I CAN HELP IN THE FOLLOWING WAYS: (Check all that apply)**

- OFFICE/COMPUTER SKILLS (Registering clients in computer Thurs 2-5 or Sat 9-12)
- SET-UP AND TAKE DOWN
- ORGANIZING STOCK ROOM
- FOOD SORTING/PACKAGING BULK ITEMS
- TRUCK DRIVER (Includes unloading truck at SFB)
- I CAN LIFT \_\_\_\_\_ #
- FOOD DISTRIBUTION (Distribute food to clients on market days in Redman Room).
- SHOPPER (Assist clients on market days Thurs (2:15-5:15) or Sat (9:15-12:15))
- COMMUNITY EVENTS: Represent SFB-CRC at fairs or other community events

**READ AND SIGN OTHER SIDE OF APPLICATION – THANK YOU!**



For Office Use Only:     Orientation             Civil Rights/Food     On Roster

Verified by:            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

Date:                    \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

**Photography Policy:** During the course of volunteering with the Sahuarita Food Bank-Community Resource Center you may be photographed. Photography includes any form of electronic capture of images and/or sound by staff, sponsors, corporate representatives, media and others. We ask for your permission. By initialing below, you choose to agree or not agree to give SFB-CRC permission to use photographs of yourself, alone or in groups, in food bank records, newspaper articles, newsletters, the website, social media, brochures special fundraising activities, videos and photo albums for use in creating public understanding and support of the SFB-CRC programs. By granting permission below, you release and hold harmless the SFB-CRC from any claims, judgments or demands which may arise from the use of the above photographs.

\_\_\_\_\_ YES, I agree to be photographed for any of the above purposes.

\_\_\_\_\_ NO, I do not agree to be photographed for any of the above purposes.

*I further agree to follow the Sahuarita Food Bank-Community Resource Center policies, requests from volunteer or staff leaders and emergency procedures and waivers. I have received and read the Volunteer Code of Conduct.*

PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If volunteer is under the age of 18, the signature of a parent or legal guardian is required.**

**March 28, 2019**