

Volunteer Application

| Name: | | | | |
|----------------------------------|--------------------|----------------|----------|---------|
| Address: | | | | |
| City: | Zip: | Phone: | | |
| Birthday: En | ıail: | | | |
| Emergency Contact: | | Phone | : | |
| Availability: | | | | |
| Monday Tuesday _ | Wednesday | Thurso | lay | _Friday |
| Would you be available | for a weekend spe | ecial event? | Yes | No |
| Please mark which type(s) of w | ork you are intere | ested in: | | |
| Warehouse (sorting an | d packing donated | d food) Tuesda | ys & Thu | rsdays |
| Driver (deliver school s | nacks, summer lı | ınch program) | Monday | -Friday |
| Food Distribution sites | – Tuesdays & Th | ursdays | | |
| Special events/fundrais | sers | | | |
| Do you have any restrictions or | n movement? | Yes | No | |
| Can you lift at least 25 pounds? | Yes | No | | |
| Why do you want to volunteer t | for the Food Bank | of Nevada Cou | ınty? | |
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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 | |
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| Railroad Ave #100, Grass Valley, C Food Bank of Nevada County, its o liabilities, costs or damages incurre volunteer services to the Food Ban | , acknowledge that I provide volunteer services to a California non-profit corporation located at 310 A 95945, and further, I hereby waive and release the fficers, directors, and agents from any and all claims, ed by, caused by, or as a result of my providing said k of Nevada County at the aforementioned location or ess of the Food Bank of Nevada County. |
| Signature | Date |
| I understand that my child (named and I hereby give my permission for agency. I understand that he/she was necessary for the safe and responsitively will be expected to meet all the requestendance and adherence to agency will not receive monetary compensithe Food Bank of Nevada County is release The Food Bank of Nevada Cou | GE 18, PARENT OR GUARDIAN MUST SIGN: labove) wishes to be considered for volunteer work or him/her to serve in that capacity, if accepted by the will be provided with orientation and training lible performance of his/her duties and that he/she uirements of the position, including regular by policies and procedures. I understand that he/she sation for the services contributed. I understand that is a volunteer-based non-profit organization. I hereby County, its leadership and members from any and all named child volunteering at the Food Bank. |
| Print Name: | Signature: |
| Date: | |