



# Volunteer Application

The Food Bank of Nevada County  
310 Railroad Ave, Suite 100  
Grass Valley, CA 95945  
530.272.3796  
[www.FoodBankofNC.org](http://www.FoodBankofNC.org)

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 (home delivery 1st and 3rd Monday/Tuesday)

\_\_\_\_\_ 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?

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*This institution is an equal opportunity employer and provider.*



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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

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 (Name)\_\_\_\_\_ in publications, news releases, online, and in other communications related to the mission of *The Food Bank of Nevada County*.

Signature\_\_\_\_\_

Print Name\_\_\_\_\_

Address\_\_\_\_\_

Phone (day)\_\_\_\_\_

(Evening)\_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Thank you!**

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