

Date _____

Branch Area Food Pantry Volunteer Application

22 Pierson St., Coldwater MI 49036 Telephone: (517) 279-0966

Our Policy It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Are You a Pantry Client _____

Contact Information

Name		
Street Address		
City, State & Zip Code		
Home Phone		Cell Phone:
Work Phone		
E-Mail Address		

Availability During which hours are you available for volunteer assignments? (check please)

1st. Shift 9am—1pm	2nd. Shift 12pm - 4:30pm	Entire Day 9am—4:30pm
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Interests Tell us which areas you are interested in volunteering? (check 1 or more, please)

_____ Clerical	_____ Pick up/Delivery	_____ Front Computer
_____ Greeter	_____ Warehouse	_____ Distribution
_____ Stock Produce	_____ Cleaning	_____ Carry Out

Special Skills Or Qualifications Please summarize from things you have acquired from employment, previous volunteer work, or other activities, such as sports, hobbies, education and clubs.

How did you learn about The Branch Area Food Pantry and why would you like to volunteer?

For Office Use Only

_____ Staff Volunteer _____ Community Service (# of hrs needed to complete community service: _____)

Area Assigned _____

Day Of the Week _____ Number of Hours Per Week _____

Notes:

Manager Initials/Date: _____

Disclosure All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from volunteering.

Have you ever been convicted of a crime? _____ **Yes** _____ **No**

If yes, please describe in full. Please indicate dates of crimes, and in which city, county, and state each took place.

Person to Notify in Case of Emergency:

Name: _____

Phone Number _____

Do you have any physical restrictions, medical limitations or allergies? _____

Are you 18 or older? _____ **Yes** _____ **No** If not complete the following:

Parent or Guardian Consent: I give consent for my child to participate in the BAFP volunteer program and should the need arise, I authorize emergency medical treatment.

Name	Relationship
Signature	Telephone Numbers

Disclaimer, Assumption of Risk, Waiver, Consent, and Release of Liabilities

I consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks) and contact with references. I hereby and agree to hold harmless BAFP and its officers, employees, and volunteers and any person or organization that provides information for or to BAFP concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may cause for suspension or dismissal from my volunteer status with BAFP. I understand that I have a right to receive a copy of any background check report. If I have checked the adjacent box. If accepted as a BAFP volunteer, I hereby agree to abide by the bylaws, rules, regulations policies, and philosophies and all decisions and directions of the BAFP Board of Trustees and I understand that I may be removed as a BAFP volunteer at anytime with or without cause. For myself, and on behalf of my heirs, assigns, and next of kin, I willingly and voluntarily accept an assume all risks of participation. In consideration of accepting this application and permitting my voluntary participation in BAFP programs, for myself and on behalf of my heirs, assigns, and next of kin, I hereby release, discharge, and agree to hold harmless BAFP, Its Board of Trustees, volunteers, sponsors, other representatives and any and all owners, lessors, lessees, or other persons or other entities allowing, permitting or authorizing the use of facilities by BAFP, and the agents, employees, officers, and directors of said person or entities from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to me or to members of my family or my household or individual I invite or for whom I am otherwise responsible while participating in or present at any BAFP sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that BAFP is primarily administered by volunteers rather than paid professionals. I agree the terms and conditions hereof shall apply to all my volunteer participation in BAFP, regardless of the year in which such participation takes place, unless superseded by a new volunteer application. I further acknowledge and accept that this disclaimer is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree if any portion of this disclaimer is deemed to be invalid, the remainder will continue in full force and effect.

Agreement and Signature By submitting this application, I hereby affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this applicant may result in my immediate dismissal from my volunteer status with BAFP.

Name (printed)	Signature	Date
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