

SOS Marysville Food Pantry Volunteer Application

Full Name: _____
Email: _____
Street: _____
City/State/ZIP: _____
Phone Number: _____ Mobile Number: _____

Emergency Contact Information

Name: _____ Relationship: _____
Phone: _____

Volunteer Availability

(Please check all that apply- & circle best day, at least one choice)

Available Shift (9:30am - 12:30pm) Tuesday Thursday Saturday
 Available Shift (12:30pm - 3:30pm) Tuesday Thursday Saturday

Business/School Information

Company/School Name: _____
Graduating Year: _____ Occupation/Studies: _____

Volunteer Interests/Background

(Please check all that apply, at least one choice)

Adult Nutrition Education (Cook shop for Adults)
 Benefits Access (Food Stamps/Tax Assistance)
 Children's Nutrition Education (Cook Shop for Classroom)
 Food Bank External Representative (Volunteer Recruitment Fairs/Etc.)
 Office Assistance (Internships/Administrative Support, Etc.)
 Senior Food Program Soup Kitchens & Food Pantries Special Events & Campaigns
 OTHER _____

Skills

(Please check all that apply, at least one choice)

Office Arts/Crafts Computers/Technology Cooking Writing
 Desktop Publishing/Graphic Design Finance Nutrition Education Photography
 Recruitment Pastor Volunteer Management OTHER _____

How did you hear about the Food Bank?

(Please check all that apply, at least one choice)

Co-worker Email Food Bank Special Event Friend Volunteer Fair
 Website Social Networking (Facebook, Twitter, etc) OTHER _____

Demographic Information

SOS Marysville Food Pantry, along with The Eastern Michigan Food Bank, is dedicated to developing a volunteer base as diverse as the city we serve. Please help us to chart our progress by providing the following:

Gender: Male or Female

Age _____

Race/Ethnicity

American Indian/Alaska Native

Asian

Black/African American

Hispanic/Latino

White

Native Hawaiian/Pacific Islander

OTHER _____

Employment Status

Full Time

Part Time

Unemployed

Student

Retired

References

(Please list at least one reference)

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Legal Information

The Food Pantry organizes various programs serving children. Because we work with a variety of child-care agencies, some of which are government-regulated, we must ask you to provide the following information. Please respond even if you don't anticipate volunteering with children at the present time. All information entered and collected is secure and will be kept completely confidential.

Driver's License/ Identification #: _____

Previous Addresses for the Past 7 years: _____

Dates: From _____ To _____ (ex. Jan 2011 to January 2004)

Address _____ Years _____

SOS Marysville Food Pantry Policies

1. Volunteers must NOT arrive to the Pantry under the influence of alcohol or any other mind-altering drug/substance. There is NO SMOKING in the warehouse/premises at any time.
2. Individuals convicted of a violent crime or any type of domestic abuse will NOT be accepted as volunteers.
3. All matters pertaining to clients will be considered STRICTLY CONFIDENTIAL. *Confidential Statement*.
4. When representing the SOS in public, I will act professionally, upholding the mission of the SOS.
5. Dress should be comfortable and feet protected. Nametags must be worn. No clothing with wording is allowed.
6. Accurately record my volunteer time on the attendance sheets. Notify Volunteer Services Coordinator as soon as possible if delayed or unable to keep my schedule.
7. If I have a question or a problem, I will go to the Volunteer Services Coordinator.
8. No forms of harassment/foul language will be tolerated. The SOS is committed to providing a work environment where women and men can work together comfortably and productively, free from all forms of harassment, sexual or otherwise.
9. Make sure you are physically capable of doing the labor required, when offering to volunteer. There are some positions not so physically challenging available upon request.
10. Eating is allowed only in the designated areas. Food stock is for the sole purpose of our clients and may not be used for volunteers at any time.
11. Volunteers must report any accidents or injuries to the Volunteer Coordinator or Director.
12. Volunteers under the age of 14 or with special needs MUST BE accompanied and supervised by an adult.

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in events and volunteer activities through SOS Marysville Food Pantry, hereinafter as SOSMFP, I acknowledge and agree that:

1. I am volunteering to assist SOSMFP in its events and volunteer activities, including, but not limited to warehouse or office help, packing of food boxes or backpacks, Operation Fresh Express, food pantry distribution and food drives.
2. I acknowledge that participation as a volunteer with SOSMFP and in its related events and volunteer activities carries with it the risk of death, serious injury, disability and/or property loss. I knowingly and freely assume all risks from my participation in the events and volunteer activities.
3. I hereby release and discharge SOSMFP, its partner and member agencies, donor, sponsors, the owners and lessors of premises used for the events and volunteer activities, and each of their officers, directors, members, employees, agents, representatives, heirs, successors and assigns (hereinafter collectively referred to as Releasees) from any and all liability, claims or causes of action, of whatever kind, foreseen or unforeseen including but not limited to those for personal injury, death, disability, property damage or other harm, arising out of or in any way connected with my participation in the events and volunteer activities, including those caused by the negligent acts or omissions of the Releasees.
4. I further agree to indemnify, defend and hold harmless Releasees from any and all claims, causes of action, damages or liabilities of any kind, including the expenses of litigation and attorney's fees arising out of or in any way connected with my participation in the events and volunteer activities.
5. I understand and agree that this Volunteer Waiver and Release of Liability is binding on my next of kin, heirs, executors, administrators, successors, assigns, personal and legal representatives.

I, _____, have read the foregoing Volunteer Waiver and Release of Liability, **FULLY UNDERSTAND** its terms, **UNDERSTAND** that I have given up substantial rights by signing it, and am voluntarily signing below, intending to be legally bound.

Signature of Volunteer _____

Print Name of Volunteer _____

Date _____

Volunteer Waiver and Release of Liability
Confidentiality Agreement
For VOLUNTEERS

The SOS MARYSVILLE FOOD PANTRY establishes the following **Confidentiality Policy** for client information to protect personal information for those individuals who are using their services and the services of the local food pantries, as well as, donor information, who are supporting their organization:

That all clients and donor information is **confidential** and **cannot be disseminated** to any individual, agent and/or media without a written release from the client or donor.

That only the information necessary to verify eligibility to receive food and non-food items from SOS Marysville Food Pantry or donation information will be solicited from those individuals seeking our service or supporting our organization.

Any volunteer found violating the confidentiality of those clients shall be subject to termination and can no longer participate in any activities associated with the SOS MARYSVILLE FOOD PANTRY.

Confidentiality Agreement Form

That I, _____ (print) have reviewed the Confidentiality Agreement above and UNDERSTAND in my capacity as a volunteer, I cannot disseminate any information about clients that are served by the SOS MARYSVILLE FOOD PANTRY or donors that support the SOS MARYSVILLE FOOD PANTRY, without permission from that client or donor.

That I UNDERSTAND and AGREE that I cannot solicit any information from the clients or donors that is not relevant to any eligibility forms that must be completed for the clients or donors to receive items from SOS MARYSVILLE FOOD PANTRY.

That I UNDERSTAND and AGREE that all of the above is stated true and that this application will be held confidential with the SOS MARYSVILLE FOOD PANTRY.

That I UNDERSTAND and AGREE that I will be held liable for civil and punitive damages incurred through any form of slander or breach of confidentiality regardless the mode of communication. (verbal, written, electronic, etc.).

VOLUNTEER SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

Make a copy for your files and return original to:
SOS MARYSVILLE FOOD PANTRY, 210 Huron Blvd. Marysville, MI 48040
810-364-6333

Minor Volunteer Parental Consent

If volunteer is under the age of 18, a parent or guardian must also sign this Volunteer Waiver and Release of Liability on behalf of the volunteer.

I, _____, as parent or guardian with legal responsibility for, _____, the minor volunteer, consent and agree to the terms and conditions as stated in the Volunteer Waiver and Release of Liability as provided above, and for myself, my next of kin, heirs, executors, administrators, indemnify and hold harmless the Releasees from any and all claims and liabilities arising out of or in any way connected with my minor child or ward's participation in the events and volunteer activities as provided above, even if arising from the negligent acts or omissions of the Releasees.

_____ has my permission to participate as a volunteer with SOS Marysville Food Pantry.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name (print) _____
Relationship to Minor _____
Phone Number _____

Name of Minor _____
Birthdate _____ Age _____

I have READ and UNDERSTAND the above guidelines:

(Parent or Legal Guardian signature)
Date _____ Phone _____