

# Community Food Bank Volunteer Registration Form

New Volunteer \_\_\_ Renewing Volunteer \_\_\_ Date: \_\_\_\_\_

**Contact Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ ( ) Okay to call me

Cell Phone \_\_\_\_\_ ( ) Okay to call me ( ) Okay to text me

Work Phone \_\_\_\_\_ ( ) Okay to call me

Email Address \_\_\_\_\_ ( ) Okay to email me

**Demographics:** You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers.

Type - ( ) Adult ( ) Teen ( ) Other \_\_\_\_\_

Gender - ( ) Male, or ( ) Female Date of Birth \_\_\_\_\_

**Skills & Experience:** In which of these areas do you feel you have moderate to excellent skill? Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Computer skills         | <input type="checkbox"/> Event/Project Organizing   | <input type="checkbox"/> Web and Facebook         |
| <input type="checkbox"/> Fundraising             | <input type="checkbox"/> Office                     | <input type="checkbox"/> Inventory                |
| <input type="checkbox"/> Loading/Unloading boxes | <input type="checkbox"/> Flyer / Poster / Ad design | <input type="checkbox"/> Driving                  |
| <input type="checkbox"/> Direct client service   | <input type="checkbox"/> Lifting / Moving           | <input type="checkbox"/> Unable to lift 50 pounds |

Please describe any other skills that may be helpful to the Community Food Bank.

**Availability:** Please indicate the days and times you are usually available to volunteer.

- ( ) Monday 12:30 pm to 3:30 pm  
( ) Tuesday 9:30 am to 12:30 pm and 12:30 pm to 3:30 pm  
( ) Thursday 12:30 pm to 3:30 pm and 4:30 pm to 7:30 pm  
( ) Friday 9:30 am to 12:30 pm  
( ) Once a week ( ) Once a month ( ) On call/fill in only  
( ) Food and Fund Drives - Schedule is variable depending upon the event.

**Assignment Preference:** The following volunteer assignments may currently be available. Job descriptions are available on our website; [www.foodbankgj.org](http://www.foodbankgj.org)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Client Intake          | <input type="checkbox"/> General Office        | <input type="checkbox"/> Driver - Food Pick-Up |
| <input type="checkbox"/> Packer - Pantry - Bulk | <input type="checkbox"/> Warehouse / Inventory | <input type="checkbox"/> Special Projects      |

How did you learn of the Community Food Bank? \_\_\_\_\_

**Other Information:** \_\_\_\_\_ *Please complete both sides of application*

Name \_\_\_\_\_

Current or Former Community Food Bank client? ( ) Yes ( ) No

**Emergency Information:** In the event of an emergency, whom should we notify?

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Medical Conditions we should be aware of -

Hospital Choice

( ) St. Mary's Hospital ( ) Community Hospital ( ) Other \_\_\_\_\_

**If you are required to perform community service by a court, school or other entity, enter supervisor contact information below.**

( ) Criminal conviction

Supervisor First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Work Phone \_\_\_\_\_ or Email address \_\_\_\_\_

Comment - Include mandating agency, number of hours required and the due date.

**Waiver:** I would like to volunteer with the Community Food Bank and know that by signing this document, I understand that I am participating in activities that have potential risk of injury and I waive any claim or liability against the Community Food Bank. The volunteering of time or services does not constitute employment, and as a volunteer, I am not entitled to compensation benefits in the event of an injury. I also understand and agree that the identity and information about all clients we serve is confidential and cannot be shared or discussed with anyone. I will respect all individuals' privacy and I will not repeat, disseminate or disclose any privileged and confidential information.

I hereby grant the Community Food Bank, its representatives and employees, the right to take photographs of me or with others while volunteering my time and services for the food bank. I authorize the Community Food Bank to use and publish the photographs in print and/or electronically. I agree that the Community Food Bank may use such photographs with or without my name and for any lawful purpose, including, for example such purposes as publicity, illustration, advertising, Web and Facebook content.

**Volunteer Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**The Community Food Bank appreciates your interest in our volunteer opportunities.**

Please email completed form to: [communityfoodbankgj@gmail.com](mailto:communityfoodbankgj@gmail.com)  
-or- in person at: 562 W. Crete Circle, Suite 102, Grand Junction, CO 81505