



Volunteer Application

Last Name: _____ First Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

How did you hear about us? _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Education/Work Experience

Please describe and list any experience or interests you have that might relate to F.O.R. Maricopa food bank. For Example: Do you have a CDL License? Food Handlers Card, volunteer leadership, office/ clerical work, IT experience.

Please mark the boxes you are interested in:

<input type="checkbox"/>	Volunteer Mon. 7:00 a.m.-11:30 a.m.	<input type="checkbox"/>	Food Crate Assembly	<input type="checkbox"/>	Office Work / Clerical
<input type="checkbox"/>	Volunteer Thurs. 3:00 p.m.-7:30 p.m.	<input type="checkbox"/>	Food Sorting	<input type="checkbox"/>	Grant Writing Team
<input type="checkbox"/>	Volunteer Leadership	<input type="checkbox"/>	Truck: Pickup Assistant	<input type="checkbox"/>	Help with PR / Marketing
<input type="checkbox"/>	Special Events: Backpack, Holiday	<input type="checkbox"/>	Tech Savvy	<input type="checkbox"/>	Work in community Garden
<input type="checkbox"/>	Pick Up donations: On call	<input type="checkbox"/>	Clip Coupons	<input type="checkbox"/>	Help with Social Media

Are you bilingual or multi-lingual? ☐ Yes ☐ No

If yes, please list languages spoken: _____

Volunteer Signature

Date

F.O.R. Maricopa Signature

Date

Individual Waiver of Liability Form

Full Name (please print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Waiver and Release of Liability

(Must be completed & signed to be a volunteer)

I understand that, as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume that risk, but will follow volunteer expectations, instructions, and guidelines directed by the food bank. I agree that I will only perform volunteer activities that I am comfortable doing. I also agree that I will not hold F.O.R. Maricopa Inc. Food Bank and all of their former and current officers, directors, and employees, or any of their community service partners responsible or liable for any damage or injury to me or my property as a result of my participation in volunteering with F.O.R. Maricopa Inc. Food Bank. I agree to be responsible for my behavior and to indemnify and hold harmless F.O.R. Maricopa Inc. Food Bank from any damages or liabilities arising out of my activities as a volunteer in connection with F.O.R. Maricopa Inc. Food Bank. I also grant full permission for F.O.R. Maricopa Inc. Food Bank to use photographs and/or video footage of me in legitimate accounts and promotions of this organization.

Volunteer Signature

Date

Parent Signature (If Volunteer is under 18 years of age)

Volunteer Expectations Agreement

F.O.R. Maricopa Food Bank volunteers provide the power that enables F.O.R. Maricopa Food Bank to provide food to our clients each week. The following are guidelines to make F.O.R. Maricopa Food Bank a safe and pleasant place for you to volunteer your time.

1. Volunteers working individually in any capacity within a F.O.R. Maricopa Food Bank must be 14 years or older.
2. If 13 years or younger must be accompanied by a parent/guardian.
3. Must complete New Volunteer Training prior to being assigned any duties.
4. Wear comfortable, appropriate clothing for the task(s) at hand. **CLOSED TOES SHOES** are required for all Food Bank activities.
5. Wash hands before beginning your shift, after working with produce, and after using the restroom.
6. Alcohol and other drugs are prohibited in and at any Food Bank workplaces.
7. F.O.R. Maricopa Food Bank and the Blue Business building have a “No Smoking Policy.”
8. Report any injury immediately to the lead or director of F.O.R. Maricopa Food Bank.
9. Cell phones are not be used while volunteering at F.O.R. Maricopa Food Bank.
10. Please avoid conversation, comments, and language that are inappropriate in a professional workplace.
11. The team needs you; honor your scheduled commitments (work entire shift).
12. Do not take any food from the Food Bank.
13. Know that you are a vital part of the organization and are helping to feed hungry individuals and family each and every shift.

THANK YOU *for all that you do and being part of our family!!!!*

As a F.O.R. Maricopa Food Bank volunteer, I will abide by the expectations set forth above in order to maintain a safe and pleasant work environment for all.

Volunteer Signature

Date

Parent Signature (If Volunteer is under 18 years of age)

Confidentiality Sheet

As a volunteer of the Arizona Department of Economic Security/Hunger Relief Program

F.O.R. Maricopa Food Bank and providing services associated with the federal emergency food assistance program (TEFAP) commodities at food pantries, soup kitchens and shelters, I understand that all information regarding the individuals and households receiving food assistance must be maintained in the strictest confidence. I have a legal and ethical responsibility to protect the confidentiality and security of all protected data and information to which I have access in carrying out my duties. Confidential information may include, but is not limited to: recipients of food assistance; household composition, names, addresses, and phone numbers. It may be from any source or in any form (oral, written or electric). This information may be protected by state and federal laws and by policies of the Department.

I agree to keep confidential any individual and household information I may obtain either directly or indirectly during the course of my volunteer work at locations that provide services related or directly involved with the distribution of TEFAP commodities.

Printed Name _____

Signature _____

Date _____

Arizona Department of Economic Security
Hunger Relief Program

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Community Assistance and Development (DCAD)
Coordinated Hunger Relief Program

ANNUAL CIVIL RIGHTS TRAINING

USDA Food and Nutrition Services (FNS) requires civil rights training for people involved in all administrative levels of programs that receive Federal financial assistance. It is also a requirement of the Coordinated Hunger Relief Program (CHRP). People who receive this training include staff and volunteers who regularly interact with program applicants and participants, and those who determine eligibility. Civil rights training must be completed each year.

This form is specific to civil rights training provided to staff and volunteers involved in one of more of the following programs: The Emergency Food Assistance Program (TEFAP), the Commodity Senior Food Program (CSFP), Supplemental Food Assistance Program Outreach (SNAP-O), WIC Farmers' Market Nutrition Program (FMNP), Senior Farmers' Market Nutrition Program (FMNP), and Double-Up Food Bucks.

A signed copy must be kept on file at the agency.

ACKNOWLEDGMENT

By completing this form, the signer acknowledges receiving civil rights training, and agrees to maintain proper conduct.

Training completion date: _____

Agency Name: F.O.M.aricopa Food bank

Staff/Volunteer Name (*Print*): _____

Staff/Volunteer Signature: _____

This institution is an equal opportunity provider.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.



Confidentiality/Non-Disclosure Agreement

As a St. Mary's Food Bank Alliance (SMFBA) partner organization, it is required that all staff and volunteers respect the privacy of the individuals you serve and maintain their personal information confidential while performing their assigned duties.

I, (volunteer or staff) understand that all information regarding the individuals receiving services is strictly confidential and may not be discussed with any unauthorized person. Furthermore, I have a legal and ethical responsibility to protect the confidentiality and security of all personal information to which I have access while carrying out my duties.

Confidential information may include but is not limited to: name, address, phone numbers, email, household composition, documentation, conversations, and messages. Confidential information may be from any source or in any form (oral, written or electronic).

I have read the statement above and agree to maintain strict confidentiality of all client information obtained during my volunteer work and/or professional duties.

****Directors/Coordinators will be required to sign a copy of this document and provide it annually to your Agency Services Specialist. Also, agree to maintain signed volunteer confidentiality forms on file at the facility.**

Name of partner organization: F.O.R. Maricopa Food Bank_____

Name of staff/volunteer (Print): _____

Staff/volunteer Signature: _____ Date: _____