



# Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Are you required to complete volunteer hours? Yes No

If so, what is the reason they are required? School Court-ordered Other \_\_\_\_\_

Do you have any special skills you are willing to use at CHF?:  
\_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Telephone: ( ) \_\_\_\_ - \_\_\_\_\_

**\*\* May we call you to help volunteer for these opportunities? Yes No \*\***

On-going opportunities:

- SeniorPak Delivery
- Stocking Shelves
- Donation Sorting
- Saturday Helping Hands

Special Events:

- Canstruction (Spring)
- The Color Run (Spring/Summer)
- Fort4Fitness (Fall)

## Volunteer Rules

- Volunteers must check in and out with the receptionist at the front desk
- Smoking is not permitted on Community Harvest Food Bank property
- Do not prop doors open
- Please remain in your assigned work area
- Food, drink, headphones, bags and other personal items are not allowed in the warehouse
- Please limit phone usage to breaks in designated break areas
- Remember to treat clients, staff, and food with respect

I understand that this information may be disclosed to any party with legal and proper interest, and I release the food bank from any liability whatsoever for supplying such information. I grant the food bank permission to obtain a background check based on the information provided. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement. I have read and agree to the rules listed above. I am volunteering my time for personal reasons. I understand I will not receive food as payment for my services as a volunteer and I expect no compensation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Community Harvest Food Bank of Northeast Indiana

## Volunteer Consent Form

### Injury

I hereby accept and assume full responsibility for any injury I might suffer while volunteering at/for Community Harvest Food Bank of Northeast Indiana, Inc. I also give permission to food bank staff to seek treatment in case of injury and to take other action should medical emergency arise. I waive and release my right for damages.

### Injury for Minors

I give permission to the food bank to seek treatment in case of injury to my son/daughter/guardian \_\_\_\_\_ and allow them to take other action should medical emergency arise. I waive and release my right for damages.

### Photo Consent

I give consent for any films, videos or photographs that may be taken of me or my child/guardian to be used by Community Harvest Food Bank of Northeast Indiana, Inc. or any of its participating agencies in any publicity and/or advertising programs which may be undertaken by these organizations in the conduct of their legally incorporated purposes. I release Community Harvest Food Bank of Northeast Indiana Inc., its participating agencies and any consultants from any liability in connection with the use of such materials.

### Confidentiality Agreement

As a volunteer of Community Harvest Food Bank, I may see and hear confidential and sensitive information about members, employees, and CHFb operations. I agree not to disclose or share such information in any manner with any unauthorized person or persons. I understand that if I share this confidential information in any manner with any unauthorized person or persons, I will be subject to disciplinary action up to and including discharge from volunteering and/or legal action. I further understand and acknowledge that my agreement to maintain the confidentiality of member agency and/or client information shall remain in full force during my volunteer assignment and at all times thereafter.

### Tobacco-Free Policy

I understand tobacco use is prohibited in all the enclosed areas within the CHFb worksites, without exception. This includes common work areas, conference and meeting rooms, private offices, hallways, break room, stairs, restrooms; employer owned or leased vehicles, and all other facilities.

I understand no one, to include staff, visitors, volunteers, member agencies, or clients may use tobacco along any pathway or walkway leading to or from any CHFb property, or use tobacco in any of the grassy areas or the parking lot.

### Policies and Procedures

By signing below, I verify that I have received and read the Volunteer Handbook thoroughly and agree to the volunteer guidelines listed within the Handbook.

\_\_\_\_\_  
Signature of Volunteer/

Parent or Guardian of Volunteer

\_\_\_\_\_  
Date