

Marysville Community Food Bank VOLUNTEER REGISTRATION

Thank you for your interest in becoming a volunteer for Marysville Community Food Bank. Please complete both sides of this form and return the form to the Volunteer Coordinator. (Minimum age: 8)

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____ Sex M F

E-mail _____ Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Driver's License or ID (State & #) _____ Employer or School _____

Do you need community service hours?

School Court-ordered Hrs. needed: _____ Due Date: _____

Please check your preferred volunteer days and times: Mon AM Tue AM Tue PM Thu AM Fri AM Sat AM

I have read and understand the Marysville Community Food Bank's Volunteer Work Requirements (see Reverse). I understand that I will not be paid or otherwise compensated for my services. I give permission for the Marysville Community Food Bank to take and use my photo for publicity purposes. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. I recognize that in the course of my work at the food bank I may come into contact with food or other substances that may cause illness or death in allergic people. I will not engage in any lifting, horseplay or other behavior that may endanger human health. I assume all risk of harm, whether caused by another or myself, and I agree to indemnify and hold harmless the Marysville Community Food Bank and its agents from all claims that may arise, in the course of my activities and/or behavior while acting for or using the facilities of the Marysville Community Food Bank.

Check one: I have no known allergies (or) My allergies are: _____

Signature _____ Date _____

Required by Washington state law:

I understand and consent to the background check for criminal history through the Washington State Patrol and/or federal law enforcement agencies. I affirm that all of the information on this form is true and correct. (Please print your legal name as it appears on your birth certificate or driver's license if different from name given above.)

Last Name _____ First name _____ Middle initial _____

_____ Birth date _____ Date _____

Signature

Have you ever been cited for and/or convicted of a crime, and/or had findings made against you in any criminal or civil judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, **domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult**? (You must answer "yes" even if such findings became final due to your failure to timely exercise a legal right to administratively challenge such findings.) Yes _____ No _____ (Inform food bank's director when and if this information changes.) If yes, please describe the date, jurisdiction, and nature of each offense and/or finding: _____

If Age 8 through 17 Parent/Guardian permission is required: I agree to allow my child named above to volunteer at Marysville Community Food Bank. I understand and have discussed with my child the need to keep identities of the food bank's clients confidential. I agree to indemnify and hold harmless the Marysville Food Bank and its agents from all claims that may arise, in the course of my child's activities and/or behavior while acting for or using the facilities of the Marysville Food Bank. I understand that my child may interact directly with clients under the following circumstances:

Ages 8 years through 13 years must be accompanied by an adult to serve in any area ... Age 14 and above may serve as a Shopping Assistant in public areas ... Males Age 16 and above may serve as a Cart Pusher and assist clients in taking food to their car.

Parent/Guardian's signature: _____ Date: _____

WORK REQUIREMENTS FOR ALL VOLUNTEERS

Please Read & Sign

Volunteers at Marysville Community Food Bank are here to devote their service to our community. Thank you for being here! All volunteers are asked to work together as a team, treat everyone with respect, and be productive. Be observant, look for other volunteers that need assistance or tasks that need to be completed, please help out and stay busy. We need committed helpers.

Most of the Food Bank is a warehouse setting.

- To avoid injury all **volunteers must wear closed-toe shoes**. No sandals, flip flops, slippers or other loose fitting and/or open footwear.
- Temperatures in the building fluctuate so wear layered clothing, especially during the winter.
- Your personal safety is important. To help avoid dangerous situations please wear clothing that covers your body well. No revealing halter tops, low hanging pants, etc.
- Limit electronic device usage to areas where clients are not being served, giving complete attention to serving those in need.
- Plastic gloves shall be worn by volunteers when sorting vegetables and pastry.
- Volunteers serving court-ordered community service are not allowed to serve as a “Cart Pusher” (assisting clients in taking food to their car).
- Please let us know when you are unable to work on your scheduled day so other volunteers can be located to serve.
- Please keep all client information confidential.

At the end of Tuesday and Friday distribution days, volunteers may take 2 bread and or pastry items that remain on the shelves, other items if offered by the Volunteer Coordinator. Limit total items taken to two.

Treat clients as we would like to be treated. But for the “Grace of God” any of us could be in their place.

This is really a fun place to work. Enjoy your time here and thank you for giving your time to serve this wonderful community.

I have read, understand, and will follow these requirements:

Signature: _____