

## TCV Food Bank + Thrift Store Volunteer Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Tel: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. How did you hear about the TCV? (i.e., school, club, volunteer match, church, internet ,friend, other):

**2. Emergency Contact + Physical Limitations Information:**

<b>Emergency Contact Name:</b> _____	<b>Phone:</b> _____
Preferred Hospital: _____	Allergies: _____

Many positions here require some lifting, bending and standing. That in mind please answer the following:

Physical Limitations (of which you want TCV to be aware):

Do you prefer a seated volunteer position?	No__	Yes__	_____
About how many pounds do you feel comfortable lifting?	_____ lbs		

**3. If you are you completing community service for a required reason please mark below:**

Court Requirement: <u>TCV is currently not accepting court required hours. Check in with our Volunteer Coordinator.</u>		
Student Requirement: _____	Number of Hours Required _____	Required Completion Date: _____
Company Paid Volunteering: _____	Transition to work: _____	Other: _____

**4. General Availability: (Mark when you are available.)**

Monday Morning _____	Tuesday Morning _____	Wednesday Morning _____	Thursday Morning _____	Friday Morning _____
Monday Afternoon _____	Tuesday Afternoon _____	Wednesday Afternoon _____	Thursday Afternoon _____	

**5. Interests: Please mark your areas of interest.**

Customer Service/ Distributing Food: _____	Sorting/Packing Food: _____	Homeless Lunch Counter: _____
Thrift Store Sorting: _____	Thrift Store Customer Service: _____	Driver (Experience w/ larger vehicles): _____
Data Entry/Computer: _____	Translation service: _____	Client Intake Counter: _____
Mobile Pantry Prep Onsite: _____	Mobile Pantry Van/Offsite: _____	Other: _____

6. How many other places do you volunteer? \_\_\_\_\_

**Survey information: (Optional information for grant writing and funding purposes.)**

**Ethnicity:** (Circle One):      White (Non-Hispanic)    Hispanic    African-American    Asian    Other

**Education:** (Circle One): <9th Grade 9th-12<sup>th</sup>    Dipl/GED    Some College Assoc    Degree Bachelors    Masters PhD/Doctorate

**Occupation:** \_\_\_\_\_

**Language Skills:** Spanish \_\_\_\_\_ Mandarin: \_\_\_\_\_ Cantonese: \_\_\_\_\_ Other Languages: \_\_\_\_\_

**Office Use Only:**

Orientation Date: \_\_\_\_\_ Start date: \_\_\_\_\_

Entered Into Salesforce By: \_\_\_\_\_ Scanned:

## Volunteer Consent

Thank you for agreeing to volunteer at the TCV Food Bank + Thrift Store. Your work will help to feed hungry people in the Tri-City Area. We appreciate all the work that volunteers do for us and we hope to make this a satisfying and fun experience for you as well.

By signing this document you agree to the following:

- I have received, read, and understand the volunteer manual (including Safety and conduct guidelines)
- I have read and understand the Sexual Harassment Policy
- I have read and understand the Confidentiality Policy
- I understand that TCV has a strict **No Drug/Alcohol Policy** and if I arrive under the influence, selling alcohol or illegal/controlled substances will be dismissed from volunteer service.
- I understand that photographs and/or video may be taken in an effort to promote the organization to the general public. Tri-City Volunteers will have total ownership of these materials, and the right to edit and use for purposes of program promotion, advertising, or public relations.
- I agree to hold harmless and waive any and all claims of action against TCV Food Bank + Thrift Store in the event of accident or injury while performing my duties as a volunteer. I relieve TCV Food Bank + Thrift Store of all responsibility of liability during my service.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Dear Parent:

We appreciate your child's willingness to serve the community and we look forward to helping them grow in experience and knowledge. They are welcome to spend their day working at Tri-City Volunteers. By signing this form you acknowledge that we do expect your child to come ready to work and to participate in the daily activities. We also expect your son/daughter to abide by all the rules and regulations that are in place for his/her safety. Should we find your child not cooperating or following the rules they will be sent home. If we have to send your child home more than 3 times they will have to find a new place to volunteer. All volunteers under the age of 16 must have a chaperone over 18 on site at all times.

If under 18, signature of parent or legal guardian is required:

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

Print Name: \_\_\_\_\_