



## Volunteer Application

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Best time/way to contact you: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Please mark 'yes' by time(s) and day(s) you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>8am-noon</i> Yes _____	<i>8am-noon</i> Yes _____	<i>8am-noon</i> Yes _____	<i>8am-noon</i> Yes _____	<i>8am-noon</i> Yes _____	<i>10am-2pm</i> Yes _____
<i>Noon-3pm</i> Yes _____	<i>Noon-3pm</i> Yes _____	<i>Noon-3pm</i> Yes _____	<i>Noon-3pm</i> Yes _____	<i>Noon-3pm</i> Yes _____	<i>2pm-6pm</i> Yes _____

Are you volunteering: \_\_\_\_\_ as an individual \_\_\_\_\_ with a group

Name of group: \_\_\_\_\_

If with a group: are you interested in volunteering on your own? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Want to help even more?** Many companies and civic organizations match gifts of time and/or money. Also, many grantors are interested in donating to organizations with which their employees, retirees, or members are involved.

Organizations of which you are an employee, retiree, or member and to your knowledge, do any of these organizations provide matching gifts? If so which ones?

\_\_\_\_\_

\_\_\_\_\_



Which opportunities interest you most? Please check all that apply:

	<b>Reclamation &amp; Sorting:</b> sorting & stacking food donations and/or produce.
	<b>Brown Bag Program:</b> assembling bags of groceries for seniors & making deliveries to homebound seniors.
	<b>Back Pack Program:</b> assembling backpacks of nutritious snacks for children.
	<b>Back Yard Bounty Program:</b> harvest produce from local host properties.
	<b>Kids Farmers Market Nutritional Educator:</b> knowledge of good nutrition, must commit to 10 months of service (school year); 3 hours a month for stability for young children.
	<b>Fresh Produce Program:</b> assemble 5 lb. bags of produce for agencies.
	<b>Clerical Assistants:</b> assist with fun clerical tasks in the office, i.e. thank you notes, filing etc. computer skills helpful but not necessary. Teens welcome!
	<b>Cal-Fresh Program:</b> assisting individuals in signing up for and receiving food stamps.
	<b>Special Events:</b> food drives & fundraising activities.
	<b>Repackaging Produce:</b> Repackaging large bins or bags into smaller user friendly bags.
	<b>Grocery Rescue Program:</b> Sorting dairy, deli, bread, and fresh produce.

Other:

\_\_\_\_\_

**Emergency contact:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Agreement for Volunteers

**Our Mission Statement:** is to provide nourishment to those in need by acquiring and distributing safe nutritious foods via local agencies and providing education to solve hunger and nutritional problems in Santa Barbara County.

I \_\_\_\_\_ understand that the Foodbank of Santa Barbara County (FSBC) may modify the terms of this agreement without cause at any time.

\_\_\_\_\_ I understand that Volunteer Safety Rules & Regulations will be explained to me, and I agree to abide by the policies and safety guidelines of the Foodbank of Santa Barbara County

\_\_\_\_\_ I understand a volunteer service does not in any way assure me of any future position with FSBC nor does it entitle me to any benefits of regular employment such as salary, medical or dental insurance, or any other incident of regular employment. I understand that I will not be covered by Workers Compensation, and that I am responsible for any cost resulting from injury, illness, or accident occurring during my volunteer time.

The Foodbank of Santa Barbara County agrees to provide the following:

1. An assigned staff person to be your primary contact person for the duration of your volunteer experience.
2. \_\_\_\_\_ An orientation that will identify and define the scope of your duties, outline safety procedures and address any questions.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Signature of FSBC Staff**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date Signed**



## Volunteer Safety & Consent Form

### Injury for Minors

I give permission to the Foodbank of Santa Barbara County to seek treatment in case of injury to any minor under my care and allow the Foodbank to take other action should medical emergency arise. I wave and release my right for damages.

### Photo Consent

I give consent for any photographs or video footage that may be taken of me to be used by the Foodbank of Santa Barbara County 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 the Foodbank, its participating agencies and any consultants for any liability in connection with the use of such materials.

Yes \_\_\_\_\_

No \_\_\_\_\_

### Policies and Procedures

By signing below, I verify that I have read the volunteer information thoroughly and agree to the volunteer guidelines covered in regards to injury of adults or minors, evacuation procedures, and media consent if applicable.

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Coordinator

\_\_\_\_\_  
Date

*Please return to Diane Hadighi, Community Relations Manager  
Foodbank Of Santa Barbara County  
4554 Hollister Avenue ,Santa Barbara CA – 93110  
[dhadighi@foodbanksb.org](mailto:dhadighi@foodbanksb.org)  
805-967-5741 ext. 112*