



# VOLUNTEER APPLICATION

## Contact Information

## Date

Name

Phone (s)

Address

E-Mail Address

City, State, Zip Code

Birthday (MM/DD/YYYY)

## Availability

**During which hours are you available for volunteer assignments? Check all that apply.**

Weekday mornings 9:30-11:30 M T W Th F

Weekday afternoons 12:15-3:45 M T W Th F

Late Shift 3:30-6:45 M Th

Grocery Rescue 8:00-12:30 M T W Th F

Are you willing to be on-call? Yes / No

Is your volunteer availability seasonal? Yes / No

If yes, please explain:

## Volunteer Positions

Tell us in which areas you are interested in volunteering. (Circle all that apply)

### GROCERY SHARE MARKET SHIFTS

- GROCERY RESCUE IN OUR TRUCK
- PRODUCE PROCESSOR
- KITCHEN ASSISTANT
- REPACKAGING
- MARKET ASSISTANT (STOCKING)
- SORTING & DONATION DOOR
- THE WELCOME STATION: GREETER & INTAKE
- BOXING STATION

### OTHER OPPORTUNITIES (On-Call)

- FOOD DRIVES
- FUNDRAISING, ADVOCACY, & OUTREACH EVENTS
- ADMINISTRATION OFFICE : CLERICAL, DATA ENTRY, & REMINDER PHONE CALLS
- GARDEN
- HOME DELIVERIES (REQUIRES PERSONAL VEHICLE)
- OTHER (PLEASE EXPLAIN)

**Why did you choose Helena Food Share? Why is sharing food important to you? We want to hear your story.**

**Professional Skills, Special Interests, Volunteer Experience:** Please list any relevant passions and skills you hope to contribute.

***\*Please note, volunteers must be 16 years old to volunteer for Grocery Sharing shifts***

## Your Safety and Wellness

We move over 10,000 pounds of food a day and many of our shifts require varying degrees of physical exertion. Please answer the questions below as best you can so that we can determine an appropriate shift for you. We will do our best to assign tasks within your ability. Please let us know if an assigned task is too challenging. Your health and wellness is important to us!

How many pounds can you lift repeatedly?

Please list any medical, mental, or health concerns that might affect your volunteering:

Are you able to stand for extended periods of time?

## Person to Notify in Case of Emergency

Name

Address

City, State, Zip Code

Phone (s)

Relationship

## Confidentiality Policy

*Information learned about individual clients while working as a volunteer at Helena Food Share is confidential. All records dealing with specific individuals or families must be treated as such. General information and statistical material which is not specifically identified with any individual or family is not classified as confidential information and may be used with staff discretion. Our confidentiality policy is an extension of our mission to treat all with dignity and respect. It is of utmost priority that you respect our customers' privacy.*

## Policy Checklist (Please initial each item)

- ☐ I understand that my safety and the safety of others are of utmost importance and that I must immediately report to Helena Food Share staff any injuries.
- ☐ I understand that volunteers are not covered under a workman's compensation policy.
- ☐ I agree to the Helena Food Share *Customer Confidentiality Policy* above.
- ☐ By checking this, I am providing permission for Helena Food Share to use any photos or video of me or my group while I am serving as a volunteer. (Or, my initials here indicate that I DO NOT provide permission. \_\_\_\_\_.)
- ☐ I agree to a background check prior to my first shift.
- ☐ I will attend a Helena Food Share Building Tour prior to my first shift. Date complete: \_\_\_\_\_

Signature

Date