**** Santa Clarita Valley Food Pantry

 24133 Railroad Avenue

 www.scvfoodpantry.org

**VOLUNTEER APPLICATION**

**Please complete all of the questions below. All information will be kept confidential.**

Name Date

Street

City State Zip

Mailing Address (if different)

Home Phone ( ) Work Phone ( )

E-mail Address Date of Birth (mo/day/yr) / /

For Drivers only:

Driver’s License No. State Issued Expires

Types of vehicles licensed to operate

Are you interested in a particular volunteer assignment?  Yes  No

If yes, please specify:

I am available (please check): \_\_\_\_\_ Regular weekly \_\_\_\_\_ Short-term projects

Please note the days and times you are available for volunteer assignments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday****8:00-2:00** | **Tuesday****8:00-2:00** | **Wednesday****8:00-5:00** | **Thursday****8:00-2:00** |  **Saturday****8:00-12:00** |
| Hours |  |  |  |  |  |

**In Case of Emergency:**

Whom Should We Notify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship to Applicant

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical history that we should be aware of in case of emergency? (Allergies, medications, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please complete both sides of this form***

***Santa Clarita Valley Food Pantry***

### *Volunteer Agreement*

*I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the Santa Clarita Valley Food Pantry to investigate any information contained in this application. I understand that false or misleading statements shall be sufficient grounds for disqualification from the Pantry’s Volunteer Program. Further, I understand that as a Volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind.*

*I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisor, the Santa Clarita Valley Food Pantry and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the Santa Clarita Valley Food Pantry to use my, or my children’s photographs, as they see fit in their recreation brochure or other advertising. I understand the photograph belongs to the Santa Clarita Valley Food Pantry and I will not receive payment of any kind.*

*I hereby agree to the Volunteer Agreement set forth on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.*

#### Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature (if minor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Updated: March 20, 2019*