



SANTA CLARITA VALLEY
FOOD PANTRY

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 (_____) _____ Cell 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 8:00-12:00	Wednesday 8:00-12:00	Wednesday 1:30-5:00	Thursday 8:00-12:00	Saturday 8:00-12:00

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 and film, as they see fit in their recreation brochure or other advertising. I understand the photograph and film 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): _____