



AUBURN INTERFAITH FOOD CLOSET
PO Box 132, Auburn, CA 95604

VOLUNTEER APPLICATION

Please check the type of volunteer application:

- Daily Operations** **Board Member** **Student** **Community Service**

| | | |
|---|--|--|
| First Name (Please Print) | Last Name | Email Address |
| Street Address | City _____ Zip Code _____ | Home Phone _____ Cell Phone _____ |
| Birthdate _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | I began volunteering at AIFC Year _____ <input type="checkbox"/> First time | If you attend a faith-based organization, which one? _____ |
| When are you available to volunteer? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Anytime <input type="checkbox"/> Summer <input type="checkbox"/> Temporarily # Community Service Hours : _____ | Can you lift 25 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No | If you have physical limitations, describe accommodation(s) needed. |

What days are you available to volunteer?

Circle the days and weeks of the month you are willing to work **regularly**.

M 1,2,3,4,5 **T** 1,2,3,4,5 **W** 1,2,3,4,5 **Th** 1,2,3,4,5 **F** 1,2,3,4,5 **Sat** 1,2,3,4,5 **Su** 1,2,3,4,5 **ANY DAY NONE**

Circle the days and weeks of the month you are willing to **substitute**.

M 1,2,3,4,5 **T** 1,2,3,4,5 **W** 1,2,3,4,5 **Th** 1,2,3,4,5 **F** 1,2,3,4,5 **Sat** 1,2,3,4,5 **Su** 1,2,3,4,5 **ANY DAY NONE**

Please indicate each experience or skill you could make available to the Food Closet:

- Leadership Accounting Organizational/Administrative Public Speaking Nutrition Writing Marketing
 Fundraising Other _____
Computer Skills: Word Excel PowerPoint Publisher Graphic Arts QuickBooks Web Design

Other relevant employment, education, volunteer experience that could be used for the AIFC.

REGULAR JOBS: (check all that you are interested in):

- | | |
|--|--|
| <input type="checkbox"/> Bag, sort, and stock food for clients <input type="checkbox"/> Register clients (some computer skills required) <input type="checkbox"/> Pick up food from stores using my vehicle <input type="checkbox"/> Deliver groceries to homebound seniors <input type="checkbox"/> Help with inventory control | <input type="checkbox"/> Serve on a Committee <input type="checkbox"/> Staff a Saturday crew once a month <input type="checkbox"/> Perform office tasks <input type="checkbox"/> Serve as a volunteer team leader <input type="checkbox"/> Serve as a Board member |
|--|--|

OTHER WAYS TO HELP (check all that you are interested in):

- | | |
|---|---|
| <input type="checkbox"/> Pick fruit/vegetables in community garden <input type="checkbox"/> Plant a row or a garden of vegetables for us <input type="checkbox"/> Donate children's books, motivational books <input type="checkbox"/> Donate travel size personal care items <input type="checkbox"/> Donate items for birthday bags (see website) | <input type="checkbox"/> Help with Publishing/Graphic design <input type="checkbox"/> Help with special projects or events <input type="checkbox"/> Sponsor a family: donate \$20 or \$30 per month <input type="checkbox"/> Donate children's diapers <input type="checkbox"/> Other _____ |
|---|---|

Is your ethnicity Hispanic or Latino? Yes No Please identify with one of the categories below:

- American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific
Islander White Other _____

This organization is an equal opportunity provider.

OVER: Please complete back side of this form.

January 2021

Emergency Contact Information

| | | |
|-------|--|---------------|
| Name: | Home Phone: _____ Cell Phone: _____ | Relationship: |
|-------|--|---------------|

COMPLETE THIS SECTION ONLY IF YOU PLAN TO DRIVE YOUR PERSONAL VEHICLE FOR AIFC (Other than to drive from home to the AIFC):

If you are volunteering to pick up donated food from stores, do you have a pickup, SUV, or van? Yes No

Vehicle Liability Insurance: I understand if I drive my personal vehicle on behalf of the Food Closet, I must have valid liability insurance for my vehicle of at least \$35,000 as required by Section 16056 of the California Vehicle Code. As a volunteer, I agree to provide a valid driver’s license number and information regarding my automobile insurance. I will immediately notify my volunteer Team Leader if my driver’s license is restricted, suspended, revoked, or expired.

| | | |
|---------------------------|-------------------------|--|
| Insurance Company | Policy Number | Current Policy Valid Until |
| Insurance Company Address | Insurance Company Phone | CA Driver License Number & Expiration Date |

SIGNATURE AND CERTIFICATION

My signature below certifies that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. By signing this application, I acknowledge that I will provide volunteer services to the Auburn Interfaith Food Closet, a California non-profit corporation. I hereby waive and release the Auburn Interfaith Food Closet, its officers, directors, and agents from any and all claims, liabilities, costs or damages incurred by, caused by, or as a result of my providing said volunteer services. I also acknowledge that the Auburn Interfaith Food Closet does not carry health insurance for me in the event of any personal injury incurred while performing volunteer services.

Date _____ Signature _____

STUDENTS ONLY (GOING INTO 9TH GRADE OR HIGHER)

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to the Auburn Interfaith Food Closet. I give the Auburn Interfaith Food Closet my consent to obtain any emergency medical treatment necessary for the safety of my child. I also certify I have read and consent to the liability certification signed by my child named above.

Signature of Parent/Guardian _____ Date: _____

Printed Name of Parent/Guardian _____

Please return this application to Auburn Interfaith Food Closet. You will be contacted by the volunteer coordinator

For AIFC use only:

| | | |
|-----------------------|-----------------------|--------------|
| Megan’s List Checked: | Contacted Incomplete: | Complete: |
| In Computer: | Email List: | |
| To Team Leader(s) | Date Assigned: | Assigned to: |