



**AUBURN INTERFAITH FOOD CLOSET**  
1788 Auburn Ravine Rd., PO Box 132, Auburn, CA 95604

**VOLUNTEER APPLICATION**

Email: [volcoordinator@auburnfoodcloset.org](mailto:volcoordinator@auburnfoodcloset.org)

Please check the type of volunteer application:

**Daily Operations**    **Board Member**    **Student**    **Mandated 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"/> Wed Eve <input type="checkbox"/> Weekends <input type="checkbox"/> Anytime <input type="checkbox"/> Summer <input type="checkbox"/> Temporarily # CS Hours : _____ By When _____	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?**

Check all the days you are willing to work regularly.

**M T W Wed Eve Th F Sat Sun ANYDAY NONE**

Check all the days you are willing to substitute.

**M T W Wed Eve Th F Sat Sun ANYDAY NONE**

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

Leadership	Accounting	Public Speaking	Nutrition	Marketing
Fundraising	Administrative	MS Word	MS Excel	MS Power Point
MS Publisher	Graphic Arts	Quickbooks	Web Design	Other?

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

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

Bag, sort, and stock food for clients Register clients (some computer skills required) Pick up food from stores using my pickup Deliver groceries to homebound seniors Staff a Wednesday evening crew Staff a Saturday crew once a month	Serve as a volunteer team leader Perform office tasks Serve on a Committee Serve doing building maintenance Serve doing landscaping maintenance Serve as a Board Member
---	--

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

Donate or Pick fruit/vegetables for us Donate children's books, motivational books Donate hygiene items (soap, toothpaste, deodorant) Donate shampoo, conditioner, laundry or dish soap Donate items for birthday bags (see website)	Help with Publishing/Graphic design Help with special projects or events Sponsor a family: donate \$20 or \$30 per month Donate children's diapers 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** \_\_\_\_\_

**OVER: Please complete back side of this form. August 2022**

**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?  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 nonprofit 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 9<sup>TH</sup> 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:**

<b>Megan’s List Checked:</b>	<b>Contacted Incomplete:</b>	<b>Complete:</b>
<b>In Computer:</b>	<b>Email List:</b>	
<b>To Team Leader(s)</b>	<b>Date Assigned:</b>	<b>Assigned to:</b>