



**ST. MARY'S FOOD BANK ALLIANCE
VOLUNTEER APPLICATION**

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE 1: _____ PHONE 2: _____

BIRTHDATE (Optional): _____

E-MAIL ADDRESS: _____

May we add you to our Volunteer E-Mail List? (Please circle one) YES NO

EMERGENCY INFORMATION - PLEASE BE THOROUGH

Do you have any physical limitations? (Please circle one) YES NO
If so, please explain: _____

Are you taking any medications we should be aware of? (Example: Nitroglycerin) _____

Do you carry an inhaler? (Please circle one) YES NO

Emergency Contact: _____ Relationship: _____

Phone Number(s): _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

(Please check all that apply)

- | | | | | | | |
|----------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| Times: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | |
| Days: | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| Months: | <input type="checkbox"/> ALL | <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May |
| | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | |
| | <input type="checkbox"/> November | <input type="checkbox"/> December | | | | |

<input type="checkbox"/> Surprise:	13050 W. Elm Street, Surprise, AZ 85374	(602) 242-3663
<input type="checkbox"/> Community Kitchen:	1818 S. 16 th Street, Phoenix, AZ 85034	(602) 343-3182
<input type="checkbox"/> Flagstaff:	1409 E. Butler Avenue, Unit #2, Flagstaff, AZ 86001	(602) 779-7066
<input type="checkbox"/> Phoenix/43 rd Avenue:	4211 N 43 rd Avenue, Phoenix, AZ 85031	(602) 272-6326
<input type="checkbox"/> Phoenix/31 st Avenue:	2831 N 31 st Avenue, Phoenix, AZ 85009	(602) 352-3640
<input type="checkbox"/> Glendale:	5605 N 55 th Avenue, Glendale, AZ 85301	(623) 934-5331

FOR STAFF USE ONLY:

Benevolent Adult Benevolent Youth BREAD/FOOD POSSEE Background Check
RE Tracking: _____ Staff Initials: _____

SKILLS & INTERESTS – *Help us get to know you*

Current/Previous Employer: _____

Current/Previous Work Experience: _____

Current/Previous Volunteer Experience: _____

Are you bilingual? YES NO If yes, what languages: _____

How did you hear about the Food Bank? _____

What attracted you to the Food Bank? _____

Anything else you'd like for us to know about you? _____

VOLUNTEER JOBS

We are very flexible and want to match your interests and skills to the needs of our operation as much as possible. Please take a few minutes to read through our list of volunteer jobs and check those you would be interested in and willing to do.

- ◇ Food Handling
- ◇ Office / Clerical / Data Entry
- ◇ General Warehouse Duties / Operations
- ◇ Public Speaking / Special Events

GENERAL WAIVER/RELEASE OF LIABILITY

That St. Mary's Food Bank Alliance (Food Bank) operates as a working warehouse, and as such there are inherently dangerous activities on premises. I accept such risks and responsibilities for the losses and/or damages following and injury or other loss. I will hold harmless and waive any and all claims or causes of actions against the Food Bank including but not limited to, claims arising out of negligent or intentional conduct of Food Bank employees, representatives or agents. I will use my personal insurance, or that provided by my organization, as the primary provider in the event of accident or injury related to my work as a Food Bank volunteer. I will follow all rules and procedures given to me by Food Bank employees or agents, including dress code guidelines. To attest that I/the minor child(ren) or vulnerable adults under my supervision are physically fit and prepared to perform the tasks assigned as a Food Bank volunteer, subject to all personal limitations/restrictions as described in the Emergency Information section of the personal release form. If at any time I/the minor child(ren) or vulnerable adults under my supervision feel unable to perform the work assigned, I/we will immediately cease working and report to Volunteer Services or the Food Bank employee or agent for re-assignment. I as a parent/legal guardian or group supervisor am solely responsible for the safety, supervision, and actions of any minor children and/or vulnerable adults in our group that no one under the age of 18 may operate any power equipment. I also grant the Food Bank full permission to use photographs and quotations by me or by our organization for promotional or other purposes.

Signature: _____ Date: _____

Printed Name: _____

IF UNDER AGE 18:

Signature of Parent/Legal Guardian _____ Date: _____

Printed Name: _____