

**Volunteer Application**

*Please fill out this form completely on both sides. After your application is processed, we will contact you about attending volunteer orientation. Orientation is approximately 2 hours.*

**1. Personal Information**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Would you prefer to receive volunteer information/updates by mail or by email? (mark one)

🞏 Regular mail

🞏 Email – email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies that we should be aware of during your volunteer time with us? 🞏 Yes 🞏 No

 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any special needs, physical limitations, or health conditions that we should know about for safety (or other) reasons? 🞏 Yes 🞏 No

 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been convicted of a felony\*? 🞏 Yes 🞏 No

 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\*This will not necessarily prevent you from being able to volunteer.*

Do you speak any languages other than English? 🞏 Yes 🞏 No

 If yes, what language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your goal in volunteering with SACA? (mark all that apply)

🞏 Giving back to the community

🞏 Obtaining job skills

🞏 Meeting other volunteers

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Emergency Contact(s)**

In case of emergency, who should we contact?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**3. Availability/Interest**

Do you need hours for any of the following? (mark all that apply)

🞏 School

🞏 Disciplinary community service

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours? \_\_\_\_\_\_\_\_\_\_ Due date? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Paperwork for us to fill out? 🞏 Yes 🞏 No

*\*Please be prepared to answer more questions when scheduling your hours. Please note: anyone performing disciplinary community service must be open to all assigned duties while at SACA.*

If you are requesting volunteer hours at SACA for disciplinary community service, why were you ordered to serve the community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How often would you like to volunteer at SACA? (mark all that apply)

🞏 Once a week, on a weekly basis – one morning, afternoon or evening

🞏 SACA Food Project – once every 2 months, 6 times per year

🞏 Occasionally, for special events – usually weekends or evenings

🞏 As needed, on call for pantry/events, etc.

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to volunteer on a weekly basis or on call, which days/times are you available? (mark all that apply)

🞏 Monday mornings – 8:45am to 12:15pm (pantry is open)

🞏 Tuesday afternoons – flexible hours (pantry is closed)

🞏 Tuesday evenings – 3:45pm to 7:15pm (pantry is open)

🞏 Wednesday mornings – flexible hours (pantry is closed)

🞏 Thursday mornings – 8:45am to 12:15pm (pantry is open)

🞏 Thursday afternoons – flexible hours (pantry is closed)

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kinds of tasks do you prefer?

🞏 Filling orders for clients

🞏 Creating pre-filled boxes of food items

🞏 Date-checking and/or sorting items

🞏 Cleaning

🞏 Stocking shelves

🞏 Loading/unloading inventory

🞏 Preparing produce

🞏 Administrative tasks

On what date are you available to start volunteering? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long do you plan to volunteer with us? (how many months/weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read the following and sign below: I agree that I will hold in confidence all information shared with me in the course of my service as a volunteer, whether that information is obtained through written records or daily interaction with the person(s) in question or SACA staff. I will not disclose an individual’s confidences or private information to anyone, except as mandated by law or with proper authorization or in circumstances which a waiver has been previously obtained in writing, in which case information will only be revealed in accordance with the terms of the waiver. I will uphold confidentiality with the people SACA serves, its colleagues, donors, sponsors, staff and applicants and ANY sensitive situation arising within the organization. I acknowledge and agree that these confidentiality terms will be effective as of the date I first receive confidential information and will continue beyond the end of my relationship with SACA.

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Print Name Sign Name Date