

**Volunteer Application**

*Please fill out this form completely on both sides. We will contact you after we process your application to schedule volunteer orientation. Orientation is about 2 hours long.*

**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.*

***(continued on the back)***

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

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***Please note:*** *anyone performing disciplinary community service must be open to all assigned duties while at SACA.*

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 while volunteering at SACA. This information may be in writing or from daily interaction with the person(s) in question or SACA staff. I will not share an individual’s confidences or private information with anyone unless required by law. If the people involved have provided a written waiver, information may be shared per the instructions of the waiver. This confidentiality covers the people SACA serves, colleagues, donors, sponsors, staff, and applicants. It also covers any sensitive situation that may take place within SACA. I acknowledge and agree to these confidentiality terms. The terms will be effective as soon as confidential information is shared with me. The terms will continue beyond the end of my relationship with SACA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Sign Name Date