

## **Volunteer Application**

*Please fill out this form completely on both sides. We will contact you after we process your application to discuss your availability and our available volunteer opportunities.* 

Last Name		·	
Date of Birth///	Phone #		
Mailing Address			
Stre	et City	State	Zip
Email Address			
Do you have any allergies that we find that we find that we find that the second secon	should be aware of during yo		
Do you have any special needs, p for safety (or other) reasons? If yes, please explain:	-		
Have you ever been convicted of If yes, please explain:	a felony*? □ Yes □ No		
*This will not necessarily prevent you from	being able to volunteer.		
Do you speak any languages othe	er than English? 🗆 Yes 🗆 No	) If yes, what language(	s)?
What is your goal in volunteering	with SACA? (mark all that a	pply)	
□ Giving back to the community □ Other:	0,	□ Meeting ot	ner volunteers
2. Emergency Contact(s)			
In case of emergency, who shoul	d we contact?		
Name			
Namo	Polationshin	Dhono #	
Name		FIIONE #	

Please note: anyone performing disciplinary community service must be open to all assigned duties while at SACA. (continued on the back)

How often would you like to volunteer at SACA? (mark all	that apply)
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□ 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 <u>or</u> on call, which days/times are you available? (mark all that apply)

□ Monday midday – 10:45am to 2:15pm (pantry is open)

□ Tuesday midday/afternoons – flexible hours (pantry is closed)

□ Tuesday afternoon/evenings – 2:45pm to 6:15pm (pantry is open)

□ Wednesday morning/afternoons – flexible hours (pantry is closed)

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

	Other:	
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What kinds of tasks do you prefer? (mark all that apply)			
Helping folks shop for food	Loading/unloading inventory		
Date-checking and/or sorting items	Preparing produce		
Cleaning	Administrative tasks		
□ Stocking shelves	□ Other:		
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 my 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. These terms will continue beyond the end of my relationship with SACA.

Print Name

Signature

Date