



## Volunteer Application

Flathead Food Bank

Second Helpings Thrift Store

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birthday Month and Day (no year): \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive our newsletter?  email  snail mail

### EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### SKILLS or SPECIFIC KNOWLEDGE

Please describe any skills/knowledge you have, that you are willing to use while volunteering at the Flathead Food Bank.

\_\_\_\_\_  
\_\_\_\_\_

**Are you able to lift?**

0 - 10lbs. (gallon of milk) \_\_\_\_\_

11 - 20 lbs. (small microwave) \_\_\_\_\_

21-50 lbs. (big bag of dog food) \_\_\_\_\_

50 lbs. and up (furniture) \_\_\_\_\_

Are you able to do repetitive motion? Y/ N

Are you able to stand for long periods of time? Y / N

## AVAILABLE VOLUNTEER HOURS

The Flathead Food Bank is open to volunteers

**Mon & Wed 8:00 to 3:00 p.m. & Tues & Thurs 7:30 a.m. to 6:00 p.m.**

2<sup>nd</sup> Helpings is open to volunteers **Tues thru Sat from 10:00 a.m. to 5:00 p.m.**

What is your availability? \_\_\_\_\_

Can we call you for special occasions such as an evening food drive or weekend event? Y / N

### **FLATHEAD FOOD BANK “FOOD REMOVAL POLICY”**

As decided on by the Flathead Food Bank Board of Directors, the following policy regarding removal of food/merchandise by volunteers shall be adhered to:

**No food or merchandise will be removed from Flathead Food Bank or Second Helpings Thrift Store premises without the approval of a staff member. If no one is available, no food/merchandise will be removed until authorization is given by said staff member. Any unauthorized removal of food/merchandise by volunteers will result in volunteer termination.**

\_\_\_\_\_  
Signature/Volunteer Acknowledgement

\_\_\_\_\_  
Date

### WAIVER OF LIABILITY

United Way Member Agency Coverage

In consideration of the opportunity afforded me to assist on a voluntary basis for Flathead Food Bank and Second Helpings Thrift Store, and in light of the aims and purposes of the community service provided, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Flathead Food Bank and Second Helpings Thrift Store, the United Way Volunteer Center, Northwest Montana United Way, or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities in this project.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date