

Snohomish Food Bank - Volunteer Application Form

Type of Service: <input type="checkbox"/> Service to the Community <input type="checkbox"/> School Credit <input type="checkbox"/> Court Ordered									
Name:									
Address:									
City:				State:				Zip Code:	
Home Phone:				Cell phone:			Other:		
Date you originally began at the Snohomish Community Food Bank:									
Emergency Contact:						Telephone:			
Emergency Contact:						Telephone:			
E-mail:									
Type of Vehicle:						License Plate:			
Type of Work Preferred: <input type="checkbox"/> Clerical <input type="checkbox"/> Driving <input type="checkbox"/> Organizing <input type="checkbox"/> Sorting <input type="checkbox"/> Serving									
Available Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday									
Available Times: <input type="checkbox"/> 8 - 10am <input type="checkbox"/> 10 - Noon <input type="checkbox"/> 12 - 2pm <input type="checkbox"/> 2 - 4pm <input type="checkbox"/>									
Have you ever been legally prohibited/restricted by a court of law to be around children?									
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:									
Have you ever had a positive test for Tuberculosis?									
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:									
Have you ever had a positive test for Hepatitis? (Type A, B or C)									
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:									
Have you ever had your drivers license in Washington State suspended or revoked?									
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:									
Do you have a Health District Food Handlers Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Willing to Obtain									
Reference Name:					Telephone:				
Reference Name:					Telephone:				
I authorize the Snohomish Community Food Bank to contact my references, conduct a background search and to verify my character and fitness for working in the Food Bank. I also authorize said references to provide the information that said Director may request.									
To the best of my knowledge, the information I have provided on this application is correct. I hereby authorize the Director of the Snohomish Community Food Bank to contact my references and to verify my character and fitness for working in the Food Bank. I also authorize said references to provide the information that said Director may request. I hereby release both the requesting party and the responding party from any and all liability for damages which may come to me as a result of the collection and storage of said information. I waive any right I may have to inspect my information provided about me by any person or organization identified in this application. Should my application be accepted, I agree to be bound by the bylaws and policies of the Snohomish Community Food Bank in the performance of service on behalf of my community.									
Print Name:									
Signature:							Date:		
Signature of Legal Guardian (if under 18):							Date:		