



Volunteer Application and Agreement Form

**P.O. Box 13 / 81 Main St.
Stanardsville, VA 22973
434-985-3663**

feedinggreeninc@gmail.com
<https://www.feedinggreeneinc.org>
facebook.com/greenefoodpantry

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or Guardian if under 18 years: _____

*If a volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____ (H): _____ (C): _____

EMAIL: _____

Company or Volunteer Group Name: _____

Date of Birth: _____ Driver's License No. _____

Emergency Contact: _____
(Name) (Phone # - Indicate Home, Work or Cell) (Relationship)

Do you have any friends/family members who are employed or volunteer here? ___ Yes ___ No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____ Weekends only _____

Types of volunteer work you think you'd be most comfortable with:

- | | |
|---|---|
| <input type="checkbox"/> Help with Board/Committee Work | <input type="checkbox"/> Pick up food (specify - Mon, Tues, Wed, Thur, Fri, Sat, Sun) |
| <input type="checkbox"/> Organization/storage of food | <input type="checkbox"/> Help on distribution days (Tues, Thurs & Sat 8-12 noon) |
| <input type="checkbox"/> Clean/Upkeep of workspace | <input type="checkbox"/> Help deliver food to homebound (each Tues & Thurs 9-12) |
| <input type="checkbox"/> Stock/sort/bag food | <input type="checkbox"/> Help unload trucks (every Mon 9:00 & Wed 9:00) |
| <input type="checkbox"/> Building/Maintenance | <input type="checkbox"/> Community Outreach/Fundraising |
| <input type="checkbox"/> Office work (data entry, phone, etc..) | <input type="checkbox"/> Other _____ |

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

Have you ever been adjudged civilly or criminally liable for abuse of another person? No ___ Yes ___

Have you been convicted of a crime? No ___ Yes ___ If yes to either/both, please describe below:

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing Address: _____

Tele. No.: _____

Name: _____

Mailing Address: _____

Tele. No.: _____

_____ I need the following accommodation(s) to work as a volunteer: _____

BACKGROUND CHECK: Feeding Greene reserves the right to submit background checks on all volunteers working with vulnerable persons. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening will take place before volunteers begin working with families.

_____ I agree to have a background check.

CONFIDENTIALITY: Feeding Greene volunteers will often come into contact with information of a personal and confidential nature in regard to the families we serve as well as other volunteers that serve here.

_____ I agree not to disclose such personal and confidential information and I agree to talk to an appropriate staff member in any situation in which I have questions about confidentiality and/or any possible violation of such confidentiality.

AUTOMOBILE INSURANCE: My automobile insurance company is _____ and my drivers license expires ____/____/____.

_____ I agree to allow a copy of my drivers license to remain on file with Feeding Greene, Inc. and to allow a driving record check if deemed necessary at the expense of Feeding Greene, Inc. I also agree to keep automobile liability insurance equal to/at least the minimum requirement of the State of Virginia.

VOLUNTEER HANDBOOK: Volunteers are a vital resource for this organization and we are committed to taking the appropriate precautions to ensure your safety, as well as the safety of the families we serve and those that we come in contact with. We have listed our policies and procedures in the Volunteer Handbook.

_____ I see the value in providing a safe environment for everyone and agree to making safety a priority in this organization. I have read and agree to abide by the policies and procedures set forth in the Volunteer Handbook.

OWNERSHIP OF FOOD AND OTHER DONATIONS: Feeding Greene's Mission is "To feed the needy in Greene County so that no one will go to bed hungry". The food and other in-kind donations are donated to Feeding Greene to help us fulfill this mission. As a volunteer, it is my responsibility to see that I do my part to see that all food and other donations go to needy families that have qualified through our intake process.

_____ I understand that as a volunteer, I receive nothing in exchange for my services. If I qualify to receive food and other donated items, I am subject to the same guidelines as other qualified families that do not volunteer services to the food pantry. Any violation of this nature should be reported to the Director or other Governing Board Member immediately for appropriate action.

As a volunteer for Feeding Greene, Inc., I agree to abide by all applicable rules and regulations of the agency and the Blue Ridge Area Food Bank. I understand that I will receive no benefits of any kind in return for my volunteer service and that Feeding Greene may terminate this agreement at any time without prior notice for any reason. I hereby authorize Feeding Greene to check my references, and I understand that a criminal background check may be submitted.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the Director and on-site orientation to perform my volunteer role.

I hereby Release and Waive liability against Feeding Greene, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors, and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Feeding Greene, Inc. Further, I agree that Feeding Greene, Inc. is not liable for any damage to my property or my dependent's property resulting from volunteer work for Feeding Greene. I agree that this release is as broad and inclusive as permitted by the laws of the State of Virginia.

Volunteer Signature: _____

Date: _____