



VOLUNTEER APPLICATION

Date: _____



PRINT LAST NAME FIRST NAME BIRTH YEAR (YEAR OPTIONAL)

ADDRESS HOME TELEPHONE CELL NUMBER

EMAIL ADDRESS

IN EMERGENCY NOTIFY RELATIONSHIP TELEPHONE #

PLEASE NOTE ANY HEALTH LIMITATIONS THAT MAY AFFECT YOUR WORK.
(FOR EXAMPLE: I CAN NOT LIFT OVER 20 POUNDS DUE TO A BAD BACK.)

DO YOU HAVE ANY SPECIAL SKILLS OR, TRAINING ? EXAMPLE: FORK LIFT LICENSE

CIRCLE CHOICES: DO YOU HAVE ANY JOB PREFERENCE ? (HAULING, SORTING,
BAGGING, STOCKING SHELVES, DISTRIBUTING FOOD, & ASSISTING CLIENTS RECEIVING FOOD)

WHAT DAYS AND TIMES ARE YOU AVAILABLE ?			CIRCLE ALL THAT APPLY
MONDAY	AM (9 - 12)	PM (12 - 3:30)	ALL DAY
TUESDAY	AM (9 - 12)	PM (12 - 3:30)	ALL DAY
WEDNESDAY	AM (9 - 12)	PM (12 - 3:30)	ALL DAY
THURSDAY	AM (9 - 12)	PM (12 - 3:30)	ALL DAY
FRIDAY	AM (9 - 12)	PM (12 - 3:30)	ALL DAY

HAVE YOU RECEIVED FOOD FROM OUR PANTRY ? _____ WHEN ? _____

WHEN CAN YOU START ? _____

DATE STARTED: _____ DATE ENDED: _____

F. I. S. H. OF VANCOUVER, CONFIDENTIALITY STATEMENT AND AGREEMENT TO ALL VOLUNTEERS:

As a volunteer at FISH you may encounter people from the community who you know or have access to records of the people receiving food and clothing assistance. It is the policy of this organization that all information about clients is strictly confidential and stays within the walls of the food pantry. Also any information or knowledge you may have about client's life or situation is not to be brought to the attention of other volunteers at the food pantry. To protect the privacy and dignity of the people we serve, we ask that you acknowledge and affirm your intent to keep all information regarding clients confidential and that you will not share any information about the clients outside the food pantry.

Signed _____ Date _____

OTHER INFORMATION: (use back of sheet if more room is needed)