



# The Food Basket Inc. Volunteer Application

Date Completing: \_\_\_/\_\_\_/\_\_\_

I am interested in volunteering in the following area (**please check all that may apply**):

- Office** (9:00 A.M. - 3:00 P.M.): I am available to begin: \_\_\_\_\_
- Warehouse- Salvage Sorter** (9:00 A.M. - 3:00 P.M.): I am available to begin: \_\_\_\_\_
- Warehouse-Cleaning** (Fridays, 9:0, 0 A.M. - 3:00 P.M.): I am available to begin: \_\_\_\_\_
- Special Event (s):**
  - HOOTENANNY
  - WALK RUN RIDE
  - ANNUAL FOOD DRIVE
  - NATIONAL ASSOCIATION OF LETTER CARRIERS' FOOD DRIVE
  - KUPUNA SOFTBALL TOURNAMENT

Circle One: Mr. Mrs. Ms. Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Employed by: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date of Employ \_\_\_/\_\_\_/\_\_\_

E-Mail Address: \_\_\_\_\_ Group/Organization (that you are with): \_\_\_\_\_

Do you have any physical, mental or emotional conditions, which would limit your volunteering activity?  
 Circle one: Yes No

If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Some volunteer positions require lifting up to 50 lbs. Are you able to do this?  
 Please circle one Yes No

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

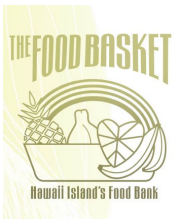
**RELEASE AND WAIVER**

I am volunteering to assist The Food Basket Inc. in its sponsored events, including but not limited to donation solicitation, food drives, and other such activities. I understand there may be some risks involved in participating in any sponsored event. Knowing these facts, I hereby waive, release, discharge, and agree to hold harmless the The Food Basket Inc. its agents, employees, or anyone acting for or on its behalf, from any and all claims of liability for personal injury, death or property damage of any kind or nature whatsoever arising out of or in the course of my participating in any The Food Basket Inc. sponsored events. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds myself, my heirs, executors, administrators, or anyone else who might claim on my behalf.

I further grant full permission of the The Food Basket Inc. or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any The Food Basket Inc. purpose.

X \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE

X \_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN (required for any one under 18)



# THE FOOD BASKET INC.

## Volunteer Interests and Self Inventory of Skills

What special skills, talents or hobbies are you willing to share with us?

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Do you speak any languages, (other than English) and if so which ones? \_\_\_\_\_

What time of the day/week do you expect to be available? (mark with an X)

Morning    Afternoon    Evening    Saturday    Sunday

What type of transportation will you use? (mark with an X)  Bus  Car  Walk  Other \_\_\_\_\_

What is the best time and method to contact you? (mark with an X)

Day    Evening    Residence    Cellular    E-Mail

Are you able to make a six ( 6 ) month commitment to volunteer at least once a week?  yes  no

Please share any personal goals or objectives you would like to accomplish through your volunteer service with us:

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*Please check all the boxes that best describe your skills so that we may be able to better serve you.*

ACTIVITY	SKILL LEVEL			COMFORT LEVEL		COMMENTS
	Very Good	Satisfactory	Unable	I like doing this	I <u>do not</u> like doing this	
Filing/General Administration						
Heavier Warehouse Work (50-60lbs)						
Light Warehouse Work (less than 40 lbs)						
Microsoft Office Software						
Moving & Lifting						
Public Speaking						
Record Keeping/and or Data Entry						
Special Event (s)						
Tasks with lots of responsibility						
Translating (which language? _____)						
Working alone						
Working in a group						
Working with the public						

Notes: