

BIGFORK FOOD BANK

Volunteer Application: Please return to the Bigfork Food Bank via US Mail or drop off at Food Bank office on Monday or Tuesday. You may also place in envelope and leave in our 24/7 Donation Bin.

Mailing address: PO Box 850, Bigfork, MT 59911

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Contact Phone: _____ Email: _____

Emergency Contact: _____
Name Phone Relationship

Date Available to Start: _____

Are you able to lift up to 10 pounds? YES NO

Do you have a valid driver's license? YES NO

Are you able to lift up to 30 pounds? YES NO

Are you able to lift up to 50 Pounds? YES NO

Volunteer Areas of Interest and Availability

Please indicate any skills/knowledge, experience, or areas of interest, such as:

Grocery Warehouse Operations, Grocery Store Food Rescue,, Food Distribution, Inventory Management, Building/Lawn Maintenance, Grant Writing, Grocery Transportation, Community Engagement, Fundraising, Front Office, Food Drives, Greeting on Distribution Days, Checking in Donations, Filling Shelves, Repackaging Food, Label Making, Back-up Staff, Checking Out Clients, School Snack Program, Holiday Distribution Only

BEST Availability (Food Bank has various needs 7 days/week):

Days Available:

Times Available:

Waiver of Liability

In consideration of the opportunity afforded me to assist on a voluntary basis for the Bigfork Food Bank, and in light of the aims and purposes of the community services provided by the Food Bank, I hereby waive any right or cause of actions arising as a result of my participation in said project from which any liability may or could accrue against the Bigfork Food Bank, 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. By insurance requirements, volunteers are to carry a minimum of \$100,000 CSL or \$100/\$300,000 personal liability limits. Please provide proof of this coverage and initial here. _____

GENERAL

- *It is the responsibility of each volunteer to communicate with the Volunteer Coordinator and/or their Team Leader when/if they are not available to cover their assignment. Initial here. _____*
- *Volunteers must respect the privacy of the clients who utilize the Bigfork Food Bank. Volunteers must remove food ONLY with permission of Staff. Volunteers must treat all clients with dignity and respect at all times. Failure to honor any of the above could result in volunteer termination. Initial here. _____*

Signature: _____ Date: _____