



This portion for office use only
Received: ____/____/____
Contacted: ____/____/____

219 S. 3rd St. W; Missoula, MT 59801
(406) 549-0543 x 107
kgehrich@missoulafoodbank.org

Missoula Food Bank Community Service Volunteer Application

{Please Print Clearly}

Name: _____

Address: _____
Street City State Zip

Phone(s): _____ **Date of Birth:** _____

E-Mail: _____

Summary of Work and/or Volunteer Experience: _____

Special skills, education, interests or hobbies: _____

How many hours do you need to complete? _____ **By when?** _____

Please indicate your charge (note: we do not accept volunteers whose charges relate to sexual or violent offense): _____

Verification of Hours

Please provide contact information for the person who will need final verification of your completed hours (community service coordinator, parole officer, payee, lawyer, judge, court, etc.)

First and Last Name: _____

City: _____ **State:** _____ **ZIP:** _____

Work Phone: _____

Fax: _____

Email: _____

Will we need to submit a letter on your behalf, or will you come with your own verification form? _____

Please indicate days and times you are available to volunteer: _____

Emergency Contact: _____
Name Phone Relationship

As a Volunteer of Missoula Food Bank, I will...

- *Be punctual and conscientious in my work and willing to accept supervision.*
- *Give sufficient notice (24 hours if possible—except in an emergency) if unable to cover volunteer shift.*
- *Conduct myself with courtesy, consideration and respect for others.*
- *Respect the confidential nature of any information I may hear or see directly or indirectly regarding clients.*
- *Refer/bring criticisms, problems, or suggestions to the volunteer coordinator.*
- *Endeavor to make my work the highest quality and uphold the mission of Missoula Food Bank.*

CERTIFICATION OF APPLICANT (Please read carefully before signing):

As a volunteer applicant for Missoula Food Bank, I certify that I have answered the questions on this application truthfully and to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application is cause for denial of volunteer opportunity or dismissal as a volunteer. As a volunteer for Missoula Food Bank, I agree to maintain client confidentiality—both verbal and written—and understand that violation of client confidentiality could be grounds for termination. I understand that my services are offered on a voluntary basis, without monetary compensation.

Signature: _____ **Date:** _____

If under the age of 18, a parent or guardian must sign below:

Parent/Guardian: _____ **Date:** _____

REFERENCE RELEASE (Please read carefully before signing):

By signing this release, I expressly authorize the Missoula Food Bank to furnish any prospective employer with information regarding my service and time with the organization including, but not limited to, my work record, job qualifications, and job performance.

Signature: _____ **Date:** _____

If under the age of 18, a parent or guardian must sign below:

Parent/Guardian: _____ **Date:** _____

PHOTO RELEASE (Please read carefully before signing):

I do ____ or I do not ____ authorize and consent to the Missoula Food Bank's use and reproduction of any and all photographs and any other audio-visuals taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the organization.

Signature: _____ **Date:** _____

If under the age of 18, a parent or guardian must sign below:

Parent/Guardian: _____ **Date:** _____