



This portion for office use only  
Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_

219 S. 3<sup>rd</sup> 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:** \_\_\_\_\_