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



## Missoula Food Bank 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 did you learn about Missoula Food Bank? \_\_\_\_\_

Why are you interested in volunteering for Missoula Food Bank? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Gain new skills
- Community involvement
- Meet people
- Work experience
- Rehabilitation
- Make productive use of time
- Help others

- Give back to community
- Change of direction
- Required\* please indicate the requirement and how many hours you need. \_\_\_\_\_

Have you ever had a criminal conviction? Yes ( ) No ( )  
If yes, please indicate the charge and the date charged:

\_\_\_\_\_

Please indicate days and times you are available to volunteer: \_\_\_\_\_

Are you willing to be an "on-call" volunteer?

- Yes
- No

What volunteer position or positions interest you? Although we'll do our best to place you in the one that you'd like, your placement will depend on the shifts we have available. Please check any appealing options below:

- Intake Assistant (during hours of store operation)** – enter any new clients and/or new information into the computer system. Must have good customer service to greet clients and good computer skills.
- Interviewer (during hours of store operation)** – interview clients after they've been through the intake process. Review the client surveys to make sure all information is correct, review the store and its policies, and refer information to community resources, etc.
- Boxer (during hours of store operation)** – use the client's shopping card to make sure they have all of the food they can get and have not gone over the limits. Box or bag their groceries and help them out to their car if needed.
- Stocker (during hours before store opens)** – stock and ready the store before it opens, preparing the shelves and making sure that all of the food is safe and appealing.
- Sorter (before and during hours of store operation)** – sort large amounts of food into smaller portions to be stocked in our store; sort donated canned and/or dry goods; sort and glean incoming produce.
- Rover (before and during hours of store operation)** – perform any of the primary volunteer duties at the Food Bank as needed.
- Cleaner (as needed, mostly in afternoons)** – clean and sanitize areas of the store and office building as needed, and some areas on a schedule.
- ROOTS program volunteer (every second Thursday of the month)** –prepare for the ROOTS program by making up bags and boxes or to deliver for the ROOTS program or by taking food bags and boxes to the homes of low-income and/or homebound seniors.
- Food Circle volunteer** – repack prepared food that has been recovered from restaurants and caterers into oven safe and microwavable entrees to be distributed in our store.
- Special Events volunteer (as needed, hours vary)** – work as needed for food drives and other special events performing tasks that might include picking up/driving food, sorting through collected food, working fundraising events, etc.
- Advocate (monthly, or as needed)** – help to facilitate community discussions around causal issues of hunger; assist in advocacy events, host advocacy roundtables, teach groups about causal issues of hunger, collect, compile, and share client stories, etc.

Please list two people (not relatives) who can provide a reference for you:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

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

**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:** \_\_\_\_\_