



VOLUNTEER INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Person to contact in case of emergency: _____ Phone: _____

Any health issues/allergies we should know about: _____

How many hours are you looking to volunteer per week? _____

What is your day and time availability and preference? _____

Which of the following volunteer roles appeal to you (check all that apply):

- Processing food & stocking shelves
- Check-out counter in market: talking with food bank guests, counting points, weighing/bagging items, etc.
- Warehouse: pricing meat, stocking freezers, etc.
- Administrative duties: computer tasks, filing, sending letters, etc.
- Senior Center volunteer opportunities: delivering meals to homebound seniors, kitchen assistance, bingo tasks, etc.

What made you decide to volunteer with us (*check all that apply*)

- Class for school
 - How many hours do you need to complete? _____
 - By when? _____
- Court-ordered community service
 - What did you get community service for? _____
 - How many hours do you need to complete? _____
 - By when? _____
- Just because I wanted to volunteer & give back 😊
- Other: _____

Volunteer Hours are Mondays 9am-6pm and Tuesdays-Fridays 9am-2pm
415 E Third Ave • Post Falls, ID • 83854 • 208-773-0139

INJURY PROCEDURES:

- In the event of an accident, report the injury to immediate supervisor or management. Report all injuries, including minor scrapes and bruises.
- Fill out accident report form.
- If more than first aid is needed (stitches, head injury, etc.) proceed immediately to the nearest emergency room facility or your personal physician.

DRUG FREE WORK PLACE POLICY:

The Post Falls Food Bank prohibits the manufacture, possession, distribution, sale or use of any controlled substance by a PFFB employee or volunteer while on premises. This includes while working or representing the Post Falls Food Bank, unless prescribed by a personal physician. Any volunteer who comes to work under the influence of drugs or alcohol will be sent home immediately and you will not be asked to return.

ANTI-THEFT POLICY:

The Post Falls Food Bank has ZERO tolerance for theft. Anyone found or suspected of stealing from the PFFB will be dismissed immediately. This includes food products, equipment or materials, and intellectual property.

CONFIDENTIALITY:

Your volunteer service with the Post Falls Food Bank assumes an obligation to maintain confidentiality about people, events and activities, even after you leave the premises.

VOLUNTEERS 14 & UNDER:

Youth volunteers under the age of 14 **MUST** follow these guidelines:

- must be accompanied by an adult
- cannot lift items over 10 pounds in weight while performing Food Bank duties
- cannot perform Food Bank duties within the Food Bank's motor vehicles
- may not perform duties within the walk-in cooler or freezer

VOLUNTEER GROUPS:

Groups or families with an interest in helping at the Food Bank, such as businesses, school groups, church groups, scout groups, families or others, must pre-arrange an approved schedule to ensure age-appropriate tasks are available for all participants. Parent/Guardian consent is required for children under the age of 18 and youth under the age of 15 must be accompanied by an adult.

COURT ORDERED COMMUNITY SERVICE:

Volunteers wishing to complete community service hours at the Post Falls Food Bank, must contact the Volunteer Coordinator in advance of fulfilling their service. Not all offenses are accepted at PFFB, we reserve the right to refuse the opportunity. The Volunteer Coordinator will research the offense through the court system to determine acceptability of the volunteer. If accepted to complete your community service hours here, you will check in and out with the Volunteer Coordinator to track your hours.

BEHAVIOR:

All volunteers will conduct themselves in a professional manner recognizing that the nature of the relationship established with the Post Falls Food Bank customers and employees requires volunteers to behave in a responsible and ethical manner. Individuals must conduct themselves with physical and emotional safety for all in mind.

VOLUNTEER AGREEMENT:

I, _____, understand that theft is “taking anything not given directly by the Post Falls Food Bank staff.” I have read the procedures and policies and understand the contents therein and I agree to comply with them.

Signed: _____ Date: _____

For all youth under the age of 18, a parent or guardian signature is required.

Signed: _____ Date: _____

WAIVER OF LIABILITY

I _____ waive, release, and discharge any claim
(printed name of volunteer)

I may have against the Post Falls Food Bank, Inc., current and former agents, employees, directors, volunteers, and other representatives, from any and all claims and demands for personal injury, property damage, physical or mental pain and suffering, mental anguish, emotional distress, wage loss and any and all related claims which I have or could have had due to my volunteer activities with the Post Falls Food Bank.

Signature (*volunteer*)

Date

Youth age 17 and under require Parent/Guardian Signature

Signed by Parent/Guardian

Date

