



# White Center Food Bank Volunteer Application

Name:	Date:
Address: (Last) (First)	City: Zip:
DOB:	Phone: 1st ( ) - 2nd( ) -

Email: \_\_\_\_\_

Which Position are you applying for?

<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Food Distribution	<input type="checkbox"/> Marketing	<input type="checkbox"/> Intern
<input type="checkbox"/> Driver/ Home bound delivery	<input type="checkbox"/> Technology Support	<input type="checkbox"/> Client Intake
<input type="checkbox"/> Driver/Food Pick-up	<input type="checkbox"/> Legal Assistance	
<input type="checkbox"/> Warehouse Help	<input type="checkbox"/> Special Events	

Are you affiliated with a Business or Organization? \_\_\_\_\_  
(list name of business or organization)

Have you volunteered before?  YES  NO

If so, Where and When? \_\_\_\_\_

Please list all interests, occupation, skills and special trainings that may be helpful to the Food Bank: \_\_\_\_\_

What language/(s) do you speak? \* \_\_\_\_\_

Do you have any physical limitations, special needs or health concerns that we should know about? \_\_\_\_\_

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

Phone Number: 1st ( ) - 2nd ( ) -

Please List two non-family references (Name, Address, Phone Number):

_____ _____ _____ ( ) -	_____ _____ _____ ( ) -
----------------------------------	----------------------------------

Volunteer Drivers-Please Complete:  
Drivers License # \_\_\_\_\_ Proof on insurance attached

**Food Distribution/  
Client Intake:**  
9:30 AM -1:15 PM

Monday

Wednesday

Friday

**Driver/Food Pick Up**  
8:30-12:00 PM

Monday

Tuesday

Wednesday

Thursday

Friday

**Homebound Delivery**

Prep  
Wed 1:00-2:00

Driving  
Wed 1:00-2:00 PM

**Other Availability**

Weekdays:

Morning

Afternoon

Evening

Weekends



*The White Center Food Bank's Mission is to minimize hunger while nourishing community, nurturing self reliance and embracing our rich cultural diversity.*

Have you ever been guilty of, or convicted of, a felony?       Yes       No

If so, what was the offense?

As a condition of volunteering, I give permission to the White Center Food Bank to conduct a criminal background check. I understand that my volunteering requires that no evidence of adult/child abuse or sexual offenses be found.

I understand that the White Center Food Bank is not required to appoint me to a volunteer position.

I have read and understand all policies and procedures of White Center Food Bank.

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....

White Center Food Bank Use Only

Interview Notes:

Position referred to:

Referred to: (other agency)

Starting Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Exit Interview Notes:

- Orientation
- Handbook
- Food Safety Training
- Emergency Preparedness
- Other