



Volunteer Interest Form

Thank you for your interest in our volunteer opportunities. Please take a few moments to complete this form. Someone from our volunteer department will be in contact with you.

Last Name	First Name	Middle Name/Initial
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Mr. Ms. Mrs. Miss _____ Preferred Nickname: _____

Home Address:

Street Address		Apartment Number
City	State	Zip Code
Home Phone ()	Business Phone ()	Cell Phone ()
E-mail Address		

Is anyone else at this address a volunteer here? ___Yes ___No If yes, who? _____

Have you ever volunteered for us before? ___Yes ___No If yes, when? _____

Do you have any Special Medical Conditions/Limitations that we should be aware of? _____

Date of Birth:

Month:	Day:	Year:
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I am volunteering with (Group Name):	If a student, what school?
	Name of school contact:

If you are a high school student, is this a project for school/girl scouts/boy scouts, etc? YES NO

Is this inquiry in regards to completing court-mandated community service hours? Please note: you must be 18 years of age to complete court-mandated community service hours with us. YES NO

Emergency Contact:	Emergency Phone Number:	Other Emergency Number:
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Availability:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Frequency: Daily Weekly Monthly Other _____

Time:

Morning: From _____ To _____

Afternoon: From _____ To _____

Evening: From _____ To _____

Areas in which I am interested in volunteering:

Warehouse Pantry Building Maintenance Office/Clerical Work

Culinary Center Special Events Pick Produce Food collection

Sorting/Repacking Food Food Distribution Delivery/Pick Up Driver Education/Outreach

Other _____

Skills and Experience:

Driving forklift Driving delivery truck Inventory Stocking shelves/filling orders

Maintenance Cooking instruction Gardening Computer technology

Computer skills Data entry Graphic/web design Social media

Grant writing Fund raising Public presentations Volunteer services/coordination

Bulk mailing Public information Other _____

Languages:

Please list any languages in which you are fluent in speaking or reading/writing

<u>Language</u>	<u>Fluent Speaking</u>	<u>Fluent Reading/Writing</u>
English	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

RELEASE OF LIABILITY

The undersigned individual will be engaged in volunteer service in the form of special events, warehouse, office and related duties for Columbia Pacific Food Bank (CPFEB). This participation is voluntary on the part of the individual, who hereby releases CPFEB, its director, employees, agents, Board of Directors, predecessors, successors, assigns, representatives, attorneys, subsidiaries, and affiliates; and all persons acting by, through or in connection with any of them from any and all claims, liabilities, damages, losses, demands, and actions of any nature whatsoever arising out of the individual's participation in such duties. Such release extends to any injury, damage, loss, or liability incurred by the individual while engaged in such duties, whether occurring on or off the premises owned or operated by CPFEB.

PHOTO RELEASE

I hereby grant the Columbia Pacific Food Bank (CPFEB) permission to use my photograph in any and all publications, including web site entries, without payment or any other consideration in perpetuity.

Signature

Date

Signature of parent or guardian if volunteer is under 16 years of age

Thank you for your interest in volunteering with Columbia Pacific Food Bank!

Columbia Pacific Food Bank | 475 Milton Way | St. Helens, OR 97051 | (503) 397-9708 | www.cpfoodbank.org