

**The Fauquier Community Food Bank and Thrift Store Inc.
Volunteer Application**

**249 A East Shirley Avenue
Warrenton, Va 20186
Food Bank 540-359-6053
Thrift Store 540-359-6054**

Contact Information

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: (Home) _____ **(Work)** _____ **(Cell)** _____

Email Address: _____

Why are you interested in volunteering with us? _____

How did you learn about our volunteer program? _____

Availability to Volunteer (mark times you are available)

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

Other (please explain) _____

Type of Volunteer work preferred:

	<i>1st</i>	<i>2nd</i>	<i>3rd</i>		<i>1st</i>	<i>2nd</i>	<i>3rd</i>
<i>Administrative Duties</i>				<i>Newsletter production</i>			
<i>Unloading Trucks</i>				<i>Thrift Store</i>			
<i>Customer Service</i>				<i>Board of Directors</i>			
<i>Fundraising</i>				<i>Board Committee</i>			
<i>Special Events</i>							
<i>Sorting and Stocking</i>							
<i>Food Bank</i>							

Do you have any physical limitations that would restrict the kinds of activities you can perform while volunteering? _____

Employment Information

Current Occupation: _____

Address: _____

Employer: _____

Phone Number: _____

Are you a Veteran _____ **Yes** _____ **No**

Are you of a Military Family _____ **Yes** _____ **No**

Have you ever been convicted of a felony? ___Yes ___No If yes, what was the offense? _____

Special skills or qualifications and previous volunteer experience (organization and type of services) _____

Person to notify in case of emergency:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (Home): _____ (Work): _____ (Cell): _____

Relationship to you: _____ Nearest hospital you prefer? _____

References:

Please provide two references, these should be people not related to you.

1. Name: _____ Daytime Phone: _____ Evening Phone: _____

Relationship to you: _____

2. Name: _____ Daytime Phone: _____ Evening Phone: _____

Relationship to you: _____

Commitment, Confidentiality, Compensation and Liability

I promise to support the mission of The Fauquier Community Food Bank and Thrift Store Inc. to the best of my ability. I understand that this requires me to accept my volunteer assignment as well as guidance and direction from FCFB&TS staff. Additionally, I understand I may be asked to do additional duties not specified in the agreement. I understand that as a FCFB&TS volunteer, I may have access to confidential client, staff, volunteer and or donor information. Furthermore, I agree not to share this information with outside sources either during or after my tenure as a FCFB&TS volunteer. I understand that my attendance and participation are voluntary and are subject to termination at any time. I am aware that there will be no financial compensation for the hours worked at or on behalf of FCFB&TS. I have provided references as requested and understand these references maybe contacted by FCFB&TS as part of the Volunteer Program screening process. I agree to release and hold harmless FCFB&TS from any and all claims or demands for injuries to me or our property while volunteering. It is the policy of this organization to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age or disability.

Signature: _____ Date: _____

Print: _____

For office use only			
Start Date	Position	Date	By
Assigned Position		Assigned Shift	
End Date			
Reason for separation			