

Fauquier Community Food Bank and Thrift Store, Inc.

249 East Shirley Avenue

Warrenton, VA 20186

(540) 359-6053

Volunteer Application

Contact Information

Name:

Street Address

Email:

City, State & Zip

Phone:

Why are you interested in volunteering with us?

How did you learn about our volunteer program?

Availability to Volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday

Other (please explain):

Type of Work Preferred:

	1st	2nd	3rd
Unloading Trucks			
Customer Service			
Fundraising			
Special Events			
Sorting and Stocking			
Administrative			

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

Current Occupation:

Employer:

Have you ever been convicted of a felony? Yes NO

Special skills or qualifications and previous volunteer experience:

Complete only if applicant is a minor:

I, _____ take full responsibility for my minor child,
while volunteering at Fauquier Community Food Bank and Thrift Store.

Emergency Contact Information

Name:	Street Address:
Email:	City, State & Zip:
Phone:	Relationship to you:

References: Please provide two references. These should be people not related to you.

1. Name: _____ Phone: _____

Relationship to you: _____

2. Name: _____ Phone: _____

Relationship to you: _____

Commitment, Confidentiality, Compensation and Liability

I promise to support the mission of the Fauquier Community Food Bank and Thrift Store to the best of my ability. I understand that this requires me to accept my volunteer assignment as well as guidance and direction from staff. Additionally, I understand I may be asked to do additional duties not specified in this agreement. I understand that as a 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 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 Fauquier Community Food Bank and Thrift Store. I have provided references as requested and understand these references may be contacted as part of the Volunteer Program screening process. I agree to release and hold harmless Fauquier Community Food Bank and Thrift Store 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, color, religion, national origin, gender, sexual preference, age or disability.

Printed Name: _____

Signature: _____

Date: _____

Staff Use Only

Start Date: _____

Position: _____

End Date: _____

Reason for Separation: _____