

**Guilford Food Bank
45 Stone House Lane
Guilford, CT 06437**

APPLICATION FOR VOLUNTEERS

Name: _____

Address: _____

Phone: _____ (home) _____ (cell) _____ (work)

E-mail address: _____

If you are a student, please list grade and school: _____

Please indicate where you would like to serve and how many times per month:

- | | |
|--|---|
| <input type="checkbox"/> Food Intake & Organization (Fridays 9 am – 12 noon) | <input type="checkbox"/> Food Procurement (flexible hours at your convenience) |
| <input type="checkbox"/> Food Baggers , Intake & Organization (Thursday AM) | <input type="checkbox"/> Food Drive Participation |
| <input type="checkbox"/> Food Distribution (Fridays 2:45 pm – 4:30 pm) | <input type="checkbox"/> GFB veggie garden at Community Garden (flexible hours-
spring through fall) |
| <input type="checkbox"/> Food Distribution (Saturdays 8:45 am – 11 am)
(suspended until further notice) | |

STATEMENT OF CONFIDENTIALITY: NO information shall be disclosed or discussed concerning a Guilford Food Bank recipient by any Guilford Food Bank employee or volunteer.

You may be required to lift heavy items at times. Are you able to lift up to 20 lbs? Yes No 40lbs? Yes No

Please supply two references (name, phone number, address and relationship) who would provide a character reference (not a family member):

Name _____ Telephone _____

Address _____ Relationship _____

Name _____ Telephone _____

Address _____ Relationship _____

VOLUNTEER WAIVER RELEASE

The undersigned hereby agrees to voluntarily help in the activities involved in running the Guilford Food Bank and keep confidential the identity and information of all Guilford Food bank recipients.

I agree to provide my own transportation in carrying out these activities and agree to obtain my own automobile insurance, hereby agreeing to waive and release Guilford Interfaith Ministries, Inc. and the Town of Guilford from any claims arising from my activities with the Food Bank.

Signature _____ Date _____

I understand that by typing my name, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement. I further agree my signature on this document is as valid as if I signed the document in writing. This is to be used in conjunction with the use of electronic signatures on all forms regarding any and all future documentation with a signature requirement, should I elect to have signed electronically.

Please return application to: Guilford Social Services, 263 Church Street, Guilford, CT 06437

WOULD YOU LIKE FOR US TO REFERENCE YOUR VOLUNTEER REQUEST FOR:

- GUILFORD INTERFAITH MINISTRIES MEALS ON WHEELS? YES NO
GUILFORD INTERFAITH MINISTRIES FRIENDLY VISITING? YES NO
GUILFORD INTERFAITH MINISTRIES CHARLIES' CLOSET? YES NO