

SHASTA SENIOR NUTRITION PROGRAMS

SSNP #805

(530) 226-3060

Volunteer Application Date: _____

Name: _____

Social Security #: _____

Phone #: _____ Cell Phone #: _____

Birth Month: _____ Day: _____ Year: _____

Address: _____

Position Applied For: _____
Over 21 years of age? Yes No

What kind of Volunteer assignment are you interested in?

- Driver
- Kitchen Assistant
- Dining Room Server
- Receptionist
- Fundraising
- Food Bank/Warehouse
- Food Bank Driver
- Office/Clerical
- Special Events
- Other _____

Typical Availability:

Morning M T W T F
Afternoon M T W T F
Evening M T W T F

Schedule Preference:

- Regular
- Special Events
- Either

Approximate Hours:

Per week: _____
Per week: _____
Date Available to Begin: _____

How did you hear about volunteer opportunities with Shasta Senior Nutrition Programs (SSNP)? _____

In case of emergency contact: _____ Phone #: _____ Relationship _____

| <u>Personal References:</u> | <u>Name</u> | <u>Phone No.</u> | <u>Relationship</u> |
|-----------------------------|-------------|------------------|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

Hobbies/Training and/or Experience: _____

Do you have any physical condition which may limit your ability to perform the duties of the job you are applying for? Yes () No () If yes explain: _____

Have you ever been convicted of a felony? Yes () No () If yes please complete the following:

Nature of conviction: _____ Date of conviction: _____

(Note: A conviction of a felony is not necessarily a bar to volunteering. Each case is considered individually on the basis of nature of the crime and the specific requirements of the job applied for.)

Please read the statements below and sign if you are in agreement:

I certify that the information on this application is true. I understand that falsification of any information on this application can lead to my termination and that SSNP may verify the information on this application. I authorize any investigation of all statements herein and release SSNP and all other persons from any liability in connection with such investigation.

All information – verbal, written, or computerized – concerning donors and recipients will be held in the strictest confidence and shared only within the agency to the degree necessary to perform the task at hand. I understand that compliance with this policy is a condition of my participation in the SSNP volunteer program and that failure to maintain confidentiality will result in termination of my volunteer relationship with the agency, or other corrective action, whether or not caused in whole or in part by the negligence or other misconduct of SSNP or any of the individuals referred to above.

In consideration, and as a condition, of my acceptance by SSNP as a volunteer for SSNP I hereby waive, release, and hold harmless SSNP its officers, directors, employees, representatives, and volunteers from any and all liability, claims, and actions related to or arising out of my volunteer activities for SSNP.

I also understand that before I may volunteer to work with food at SSNP I must under go a Tuberculin (TB) Skin Test and provide written verification of results. Signature: _____ Date: _____

Assigned to: _____ Position: _____

Supervisor: _____ Executive Director: _____

For interviewer only

VOLUNTEER ORIENTATION CHECKLIST

Instructions: Each item should be reviewed and checked to ensure that the volunteer receives the necessary preliminary information before starting in a new assignment.

A. Explain Work of the Unit

- _____ Explain the Mission of the Program.
- _____ Describe the Programs organization.
- _____ Explain relation of the work to that of other employees or volunteers.
- _____ Introduce co-workers and personnel to the extent practicable.

B. Explain Site rules and Regulations

- _____ Punctuality and attendance-where and how to report.
- _____ Use of telephone-manner of making and receiving official calls.
- _____ Safety and security measures in effect, written safety procedures.

C. Explain Job Tasks

- _____ Review duties-provide a copy of job description.
- _____ Explain work standards.
- _____ Name supervisor (who you report to)
- _____ Advise specifically where to go for help and information under normal circumstances and also in the absence of the designated person.
- _____ Explain proper procedure for making contacts with customers.
- _____ Stress the need of proper decorum and for keeping the program's interest in mind.
- _____ Point out the importance of prompt and courteous replies to inquiries.

Certification by Volunteer: This checklist has been used to help you understand your new assignment. Your signature below indicates that you have received sufficient information to undertake your new position.

Date

Signature of Volunteer

Certification by Supervisor: This volunteer has been given sufficient information to begin his/her new volunteer assignment.

Date

Signature of Supervisor