Volunteer Application Packet

Policy #: 400-1-2022
Approved: Date here
By: _________________________________
Peggy Morache, Executive Director
Volunteer Application

Thank you for your interest in volunteering at FISH! We have many volunteer opportunities available. Here are the first steps to becoming a FISH Volunteer.

1. Fill out this complete packet and return it to the Volunteer Coordinator.
2. The Volunteer Coordinator will conduct a Background Check and notify you when it is returned.
3. You will receive a Volunteer Handbook and additional paperwork.
4. Complete and return the additional paperwork.
5. Get your first volunteer assignment.

Our goal is to find the best match for everyone—volunteers, staff and clients.

Here are the different volunteer opportunities at FISH:

- **Distribution Front Desk**: client check-in activities, including entering clients into Pantry Soft on a computer, signing up any new clients, and helping organize and administer grocery distribution.
- **Grocery Distribution Guides**: helping clients through the pantry to get their food, assisting placing groceries into vehicles, and keeping the pantry organized and presentable.
- **Office Assistant**: helps with various office-related tasks, such as covering at the front desk to answer phones and greet people, folding letters and stuffing envelopes, organizing supplies, etc.
- **Open Table Kitchen Assistants**: preparing, serving, packaging and cleaning up after the meals for the Open Table and Senior Nutrition Programs at the food services facility (former Rodeo City BBQ).
- **Warehouse Assistants**: sorting and stocking food, organizing inventory, cleaning the warehouse and food pantry, receiving food donations.
- **Projects & Events**: If you have specialized experience helping with large scale events, social media, photography or data management types of the projects, please let us know. There are occasional large events when help is needed.
- **Drivers for Meals on Wheels**: Responsibilities include packing food for delivery and delivery of meals to clients on planned routes. Must have dependable vehicle good in all weather conditions, and a valid driver’s license and clean driving record. These volunteers must provide a copy of their vehicle insurance card and will receive mileage reimbursement for use of their personal car.
- **Drivers for Grocery Rescue**: Responsibilities include using a FISH vehicle on an Ellensburg route to local grocery stores. Must valid driver’s license and clean driving record. This volunteer must have the ability to lift crates of food into and out of vehicles.

Please note that volunteers are required to follow safety rules, have good hygiene and dress in a manner appropriate for their role. Closed toed shoes are required in the Distribution Pantry, Warehouse and Open Table Kitchen. Open Table kitchen volunteers will need a Washington State Food Worker’s Card. FISH will reimburse the $10 fee to obtain a Food Worker Card. Additional information and requirements are in the Volunteer Handbook, which you will receive once your application is approved.
# Basic Information

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What would you like to help with? (Please see descriptions on the previous page)

- [ ] Distribution Front Desk
- [ ] Grocery Distribution Guide
- [ ] Office Assistant
- [ ] Open Table Kitchen/Food Service Assistant (requires a Food Worker’s Card)
- [ ] Warehouse Assistant
- [ ] Projects & Events
- [ ] Food4All Farm
- [ ] Picnic in the Park
- [ ] Holiday Events
- [ ] Meals on Wheels Driver
- [ ] Grocery Rescue Driver

Please list any physical limitations that may impact the volunteer task(s) you can do.
Do you speak, read or write other languages? □ Yes □ No
If yes, please provide the following information.

Language: _____________________________ □ Speak □ Read □ Write
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Is this volunteer time for Community Service or Class Credit? 
If so, how many hours do you need? _______ and by what date? __________

Volunteer Scheduling

Here are the days and time for volunteer tasks.

Distribution Front Desk and Grocery Distribution Guide
Distribution for clients is Monday through Thursday, 1:30 to 4 p.m. and Friday, 9 a.m. to Noon. Volunteers for these positions should show up a few minutes before these times.

Office Assistant
Administrative Offices are open Monday through Thursday, 9 a.m. to 4 p.m. and Friday, 9 a.m. to Noon. There will be volunteer tasks during these times that can be done at a time convenient for the volunteer.

Open Table Kitchen/Food Service Assistant
Meals are prepared in the mornings and, at times, in the late afternoon/evening. Volunteers who want to work in the kitchen will be given details about time and days when they are assigned.

Warehouse Assistant
Warehouse hours are same as Administrative Offices, Monday through Thursday, 9 a.m. to 4 p.m. and Fridays, 9 a.m. to noon. Volunteer tasks can be scheduled at a time convenient for the volunteer.

Projects & Events
Times and dates for these tasks will vary.

Meals on Wheels Driver
Meals on Wheels deliveries take place between 10:30 a.m. and 1 p.m.

Please indicate times and days you are available to volunteer:
_____________________________________________________________________________________

The volunteer coordinator will communicate your schedule via email, text or phone. You will need to reply to confirm you received your schedule.
**Additional Information**

In order to get to know you better and find the best fit for your volunteering, please answer these questions. Thank you!

1) Why do you want to volunteer for FISH?

2) What are you passionate about? (Reading, drawing, dancing etc.)

3) I am happy to help with... (office work, outside work, etc.)

4) Please don’t ask me to... (ex. lift heavy things, work in large groups, etc.)

5) I thought you should also know... (social anxiety, sensitive to loud noises, etc.)

6) My area of expertise/professional calling is...

Would you be interested in volunteering to serve on the Board of Directors or a Committee? _________
Confidential Disclosure Statement

Pursuant to the requirements of RCW 43.43.834, FISH Community Food Bank must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately. FISH will confirm your answers to these questions by running a Washington State Patrol Request for Criminal History. You will be notified of the State Patrol’s response within 10 days after we receive the report. We will make a copy of the report available to you upon your request.

1. Have you ever been convicted of a crime? __________
   If yes, please identify the offense(s), provide the date(s) of the convictions(s), the name of the court (e.g. Kittitas County Superior Court) and the sentence(s) imposed.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Have you ever had a finding against you for domestic violence, abuse, sexual abuse, neglect, financial exploitation of a child or a vulnerable adult in any civil adjudicative proceedings? Civil adjudicative proceedings include judicial and administrative proceedings, and findings by DSHS or the Department of Health that you have not administratively challenged or appealed. _______

   If yes, please identify the specific finding(s), which court or agency made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I declare, under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct. I understand that if I becomes a volunteer, I can be discharged for any misrepresentation or omission in the above statement. I also understand that a satisfactory result of the background check is a condition of my volunteering at FISH. I have signed this Disclosure Statement on the date below at Ellensburg, Washington.

Printed Name: ________________________________

Signature: ________________________________ Date ___________________
Confidential Background Check Authorization

Please print this information.

Last Name: _____________________ First Name: _______________________ M.I.: ____

Date of Birth: ________________________

Former Name(s): _______________________________________________________________

Current Address: _______________________________________________________________

The information contained in this application is correct to the best of my knowledge. I hereby authorize FISH Community Food Bank, and its designated agents and representatives, to conduct a comprehensive review of my background. I understand a consumer report and/or investigative consumer report will be generated. I understand that the scope of the reports may include, but is not limited to the following areas: current and previous residences, employment history, education background, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state and country jurisdictions, driving records, and/or any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including law enforcement agencies) to divulge information, verbal or written, pertaining to me to FISH or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have, to include information or data received from other sources.

I hereby release FISH, its agents, officials, representative or assigned agencies, including officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind because of compliance with this authorization and request to release.

Printed Name: ___________________________________

Signature: ___________________________ Date _____________