



# Volunteer Application

Please return the finished application to the Volunteer Coordinator:

[volunteering@kvfish.org](mailto:volunteering@kvfish.org) or

804 Elmview Rd, Ellensburg WA 98926

This institution is an equal opportunity provider and employer.

# Volunteer Application

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

1. Please complete the application packet and return it to the Volunteer Coordinator at [volunteering@kvfish.org](mailto:volunteering@kvfish.org) or 804 Elmview Road, Ellensburg WA 98926
2. You will receive a request for information for a Background Check. Please fill out this information. The Volunteer Coordinator notify you when the background check has returned
3. You will attend an Orientation with the Volunteer Coordinator where you will:
  - a. Learn more about FISH
  - b. Fill out further paperwork
  - c. Take a tour of the Elmview location
4. Work with the Volunteer Coordinator to find the perfect assignment for you. Our goal is to find the best match for everyone – volunteers, staff, and clients.

Here are some of the different volunteer opportunities at FISH:

Food Bank: 804 Elmview Road:

- **Client Distribution Desk:** Enter clients into Link2Feed on a computer, sign up new clients and administer Grocery Distribution.
- **Grocery Rescue Driver:** use a FISH vehicle on an Ellensburg route to local grocery stores. Must have a valid driver's license and clean driving record. This volunteer must have the ability to lift crates of food into and out of vehicles.
- **Pantry Stockers:** sorting and stocking food in the food pantry and organizing inventory.
- **Grocery Guide:** Help people choose their grocery in the pantry during Distribution hours.

Open Table: 204 N Main Street:

- **Frozens Assistant:** Help to freeze already cooked meals for distribution later.
- **Meals on Wheels Driver:** packing food for deliveries, delivering meals to clients on planned routes. Must have a dependable vehicle good in all weather conditions, a valid driver's license and clean driving record.
- **Open Table Kitchen Assistant:** preparing, and cooking meals in the kitchen.
- **Open Table Dining Assistant:** Assist in setting up and running congregate meals.
  
- **Projects & Events:** If you have specialized experience helping with large scale events, social media, photography, or data management types of projects, please let us know. There are occasional large events when help is needed.

Please note: 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 Pantry, Warehouse and Open Table Food Services Kitchen. Open Table volunteers will need a Washington State Food Works Card. FISH will reimburse the \$10 fee to obtain a Food Workers Card. Additional information and requirements are in the Volunteer Handbook, which you will receive at your orientation.

# Basic Information

Today's Date	
First and Middle Names	
Last Name	
Date of Birth	
Email	
Phone	
Mailing Address	
City, State, Zip	

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

Please note, not all opportunities are always available.

- Client Distribution Desk
- Meals on Wheels Driver
- Grocery Rescue Driver
- Frozen Preparation
- Open Table Food Services Kitchen Aids (requires a Food Workers Card)
- Projects & Events
- Summer Programs:     Picnic in the Park     KERNEL
- Grocery Guides
- Pantry Stockers

Please list any physical limitations that may impact the volunteer task(s) you can do:

## Language

Do you speak, read, or write languages other than English?  Yes  No

If yes, please provide the following information:

Language: \_\_\_\_\_  Speak  Read  Write

Language: \_\_\_\_\_  Speak  Read  Write

## Service

Is this volunteer time for **Community Service** or **Class Credit**?  Yes  No

Please note, commitments less than 10 hours or within two weeks cannot be fulfilled.

If so, how many hours do you need? \_\_\_\_\_ and by what date? \_\_\_\_\_

## Volunteer Scheduling

- Grocery Rescue Driver:  
Monday through Sunday 9 – 10:30 am
- Pantry Stocker:  
Monday through Thursday 9 am – 12 pm  
Fridays and the Second Saturdays of the month 9-11:30 am
- Client Distribution Desk, Grocery Distribution Guide and Sweet Cheeks Diaper Bank:  
Monday through Thursday 1:15 – 4 pm  
Friday and the 2<sup>nd</sup> Saturday of the month 8:45 – 11:30 am
- Grocery Guides:  
Monday through Thursday 1:15 – 4 pm  
Fridays, and the second Saturdays 9 – 11:30 am
- Meals on Wheels Driver:  
Monday through Thursday 10:30 am – 12:30 pm
- Open Table Meal Services Kitchen Aide  
Monday through Thursday 8 am – 12 pm
- Open Table Dining Room Assistant:  
Monday through Friday 10:30 am – 2:30 pm

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

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# 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, dancing, camping etc.)
3. I am happy to help with . . .
4. Please don't ask me to . . . (life heavy things, work outside etc.)
5. I thought you should 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 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 background check. You will be notified of the 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 even been convicted of a crime? \_\_\_\_\_

If yes, please identify the offense(s), provide the dates(s) of the convictions(s), the name of the court (e.g., Kittitas County Superior Court) and the sentence(s) imposed.

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2. Have you even 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 finding 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.

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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 become a volunteer, I can be discharged for any misrepresentation or omission on 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: \_\_\_\_\_

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# Confidential Background Check Authorization

Please print this information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize FISH, and its designated agents and representatives, to conduct a comprehensive review of my background. I understand that the scope of the reports may include but is not limited to the following areas: current and previous residences, criminal history records from a criminal justice agency in any or all federal, state and country jurisdictions, and driving records if applicable.

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

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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