



APPLICATION TO VOLUNTEER AT FISH COMMUNITY FOOD BANK

Thank you for your interest in volunteering at FISH! We have many volunteer opportunities available.

1. **Fill out this whole packet**
2. **Clear a Background Check**
3. **Fill out online orientation paperwork**
4. **Meet with Volunteer Coordinator to set schedule**

Our goal is to find the best match for everyone.

Here is a list of the different serving opportunities that we offer:

- **Distribution Front Desk:** checking IDs and checking clients into the computer, help organize and administer grocery distribution
- **Grocery Distribution Guide:** helping clients through the pantry to get their food.
- **Kitchen Assistants:** preparing, serving and cleaning up the meals for the Open Table program meals and the Senior Nutrition Program meals.
- **Warehouse Assistants:** sorting and stocking food, organizing inventory, cleaning the warehouse and food pantry, receiving 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 which help is needed.
- **Drivers for Meals on Wheels:** Responsibilities include assisting with meal preparation, packing food for delivery and delivery of meals to clients on an Ellensburg route. Must have dependable vehicle that is good in all weather conditions, valid and clean driver's license. Washington State Food Handler's card needed and can be acquired at hire. Mileage paid for use of personal car.
- **Drivers for Grocery Rescue:** Responsibilities include using a FISH vehicle on an Ellensburg route to local grocery stores. Must valid and clean driver's license. 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 Kitchen. Kitchen volunteers will need their WA State Food Handler's card; which FISH will pay for if it is done here.

Basic Information

Today's Date: _____

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____

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

- Office Desk
- Distribution Front Desk
- Grocery Distribution Guide
- Kitchen Assistant
- Warehouse Assistant
- Projects & Events
- Driver for Meals on Wheels or Grocery Rescue

Please list any physical limitations that may affect the jobs you feel you can do:

We are open:

Mondays and Tuesday 8:30 – 5

Wednesday and Thursday 8:30 – 4 (volunteer opportunities until 5 in the warehouse on Thur.)

Fridays 8 – 1

Meals on Wheels:

Monday-Thursday 10:00 am -1:00 pm

Please indicate times and days you are available to volunteer:

Is this volunteer time for Community service? _____ How many hours? _____ By When? _____

Confidential

FISH Community Food Bank Applicant Disclosure Statement

Pursuant to the requirements of RCW 43.43.834, FISH Community Food Bank (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 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 finding made 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 or administrative proceedings as well as 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 the 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,

Signature: _____ Today's Date _____

Printed Name: _____

Confidential

FISH Community Food Bank Background Check Authorization

Print Last Name: _____ First Name: _____ M.I.: _____

Former Name(s): _____

Date of Birth: _____

Current Address: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize FISH Community Food Bank (FISH) 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 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 officer, 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.

Signature: _____

Printed Name: _____ Today's Date _____

Please tell us a little more...

In order to get to know you a little better and find the best fit at FISH, we ask that you please fill out the following 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.)

Permission to Use Photograph

Subject: Media for FISH Marketing & Fundraising

Location: FISH Food Bank, Ellensburg, WA

I grant to FISH Community Food Bank, and its representatives and employees the right to take photographs and/or video footage of me, my children, and my property in connection with the above-identified subject. I authorize FISH, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that FISH may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Signature _____

Printed name _____

Date _____

Signature, parent or guardian _____ (if under age 18)