Sumner Community Food Bank Volunteer Application

Phone: 253-863-2998 | P.O. Box 475 | 15625 Main Street E, Sumner, WA 98390

Applicant Information

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>M.I.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Apartment/Unit #</td>
</tr>
</tbody>
</table>

| City |
| State |
| ZIP Code |

Phone: ___________________________ Email: ___________________________

Days Available:

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8am to 12pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12pm to 3pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you affiliated with a business or organization? YES □ NO □ If yes, please list their name: ___________________________

Have you ever volunteered for us before? YES □ NO □ If yes, when? ___________________________

Do you have any physical limitations, special needs, or health concerns that we should know about? YES □ NO □

If yes, explain: ____________________________________________________________

Education and Skills

Please list your highest level of education.

School: ___________________________ Address: ___________________________

From: ___________ To: ___________ Did you graduate? YES □ NO □ Degree: ___________________________
Please list any special skills, interests, and/or trainings that you have that may be helpful in the food bank.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Contacts**

**Criminal History**

Have you ever been guilty of, or convicted of, a felony?  
□ YES  □ NO

If yes, what was the offense?

Be sure you have completed out your application before signing.

**Disclaimer and Signature:**

I certify that my answers are true and complete to the best of my knowledge.

As a condition of volunteering, I give permission to the Sumner Community Food Bank to conduct a criminal background check. I understand that my volunteering requires that no evidence of adult/child abuse or sexual offenses be found.

I understand that the Sumner Community Food Bank is not required to appoint me to a volunteer position.

I have read and understand all policies and procedures of Sumner Community Food Bank.

If this application leads to the opportunity to volunteer, I understand that false or misleading information in my application or interview may result in my release.

Signature: ___________________________  Date: __________________
<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Job Role &amp; Description</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun, Mon, Tue, Wed</td>
<td>Inventory Sorting &amp; Stacking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thu, Fri, Sat, Sun</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Volunteer Interest**

The Volunteer Coordinator is seeking volunteers for the following positions:

**Office Support**
- General office support as needed
- Use Excel and Word
- Help clean and organize the office

**Customer Service**
- Schedule appointments
- Help with food bank application
- Receive and process calls

**Phone Monitor**
- Answer phone calls
- Place orders for supplies

**Form Filler**
- Fill out forms
- Help with filing

**Driver**
- Delivery role
- Help with food delivery

**Volunteer Name:**

Phone: 

*One or more days per week are available.*

**Instructions:** Please choose a role that works best for you and one or more days per week. You can volunteer 1 to 4 hours a day.
REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH $16.00 CHECK OR MONEY ORDER. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR $12.00 USING A CREDIT CARD.

NOTARIZED LETTERS ARE AN ADDITIONAL $10.00 PER NOTARY SEAL

Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: ____________________________

Last: ____________________________

First: ____________________________

Middle: ____________________________

Alias/Maiden Name: ____________________________

Date of Birth: ____________________________

Sex: ____________________________

Race: ____________________________

Month/Day/Year: ____________________________

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: _______/_______/_______

Executive Director

(_______/_______/_______) Requestor's Signature

Provide e-mail to receive background results electronically.

E-mail address: ____________________________

Password (must be at least 8 characters): ____________________________

REQUESTOR'S ADDRESS: (type or print clearly)

Sumner Community Food Bank

Name: ____________________________

PO Box 475

Address: ____________________________

Sumner, WA 98390

City: ____________________________

State: ____________________________

ZIP Code: ____________________________

Phone No. (253) 863-2996

Subject's Right Thumb Print (Optional)
Sumner Community Food Bank

PHOTO RELEASE FORM

I, __________________________, grant Sumner Community Food Bank my permission to use my photographs for any legal use, including but not limited to: publicity, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

It is further understood that this release form shall continue in force until I serve a written notice of discontinuance onto the Sumner Community Food Bank.

☐

PLEASE CHECK THE BOX ABOVE IF YOU DO NOT GIVE SUMNER COMMUNITY FOOD BANK PERMISSION TO USE ANY PHOTOS OF YOU.

Signature: __________________________ Date ________

Name: ________________________________

Phone Number: ________________________________