



Volunteer Application

1201 Pine Street, Bastrop, Tx 78602 (512) 303-0033
(Please Print)

Current Date: _____

First Name:		Last Name:		Birthday _____ <small>Month/Day</small>	
Address:			City:		State: Tx Zip:
eMail Address:		Day/Evening Phone:	Best Time to Call:		Alternate Phone:
Emergency Contact:			Relationship:		Phone:
Volunteer Interests & Skills <small>Please check all that apply</small>					
<input type="checkbox"/> Computer Use (type, data entry, etc.) <input type="checkbox"/> Office Support (phones, filing, etc.) <input type="checkbox"/> Writer/Researcher (internet use) <input type="checkbox"/> Educator <input type="checkbox"/> Calligraphy		<input type="checkbox"/> Computer Tech abilities <input type="checkbox"/> Planning <input type="checkbox"/> People <input type="checkbox"/> Leadership <input type="checkbox"/> Food Service/Handling		<input type="checkbox"/> Vegetable Garden <input type="checkbox"/> Handy-man repair <input type="checkbox"/> Lawn/Yard <input type="checkbox"/> Clean <input type="checkbox"/> Lifting __ 25, __ 50, __ 75 lbs	
<input type="checkbox"/> Other: <small>(Please explain)</small>					
Please Indicate Your Preferences for Availability to Volunteer <small>Please check all that apply</small>					
<input type="checkbox"/> Weekdays __ am __ pm __ All Day __ Evening <input type="checkbox"/> Weekends __ Saturday __ Sunday		<input type="checkbox"/> Once a Week <input type="checkbox"/> Twice a Week <input type="checkbox"/> Everyday		<input type="checkbox"/> Once a Month <input type="checkbox"/> Twice a Month <input type="checkbox"/> I want to commit ____ hours of service each month.	
<input type="checkbox"/> I am available on short notice.		<input type="checkbox"/> I prefer a schedule, please suggest an assignment.		<input type="checkbox"/> I prefer a schedule, as follows: From ____ to ____ on _____ day(s). From ____ to ____ on _____ day(s). From ____ to ____ on _____ day(s).	
Comments:					
Please Indicate the Volunteer Opportunities That Interest You <small>Please check all that apply</small>					
<input type="checkbox"/> Emergency Food Assistance Food Box preparation ___ Able to Lift and carry 30lbs+, or ___ lbs <input type="checkbox"/> Administrative Support <input type="checkbox"/> Community Garden <input type="checkbox"/> Drive the Van <input type="checkbox"/> Food Drives: ___ Process Donations ___ Stock Pantry and/or Storage <input type="checkbox"/> Nat'l Honor Society Com. Service		<input type="checkbox"/> Brown Bag & Open Arms: ___ Bread/Dessert Distribution (M/W/F ea wk except BB wk) ___ Stock for preparation (1x/mth) ___ Preparation process (1x/mth) ___ Distribution process (1x/mth) <input type="checkbox"/> Facility Maintenance/Repair: ___ Indoor – Housekeeping, Light Maintenance ___ Outdoor – Yard Work, Building Maintenance, Wash/Clean Van		<input type="checkbox"/> Fresh Foods for Families: (1x/mth) ___ Preparation process ___ Distribution process ___ Able to Lift and carry 25lbs+, or ___ lbs ___ Able to stand for an hour+ ___ Able to move around a lot ___ Clean up process ___ Able to Lift and carry 25lbs+, or ___ lbs <input type="checkbox"/> Elgin Soup Kitchen (1x/mth) ___ Food Service	
Special Events & Activities: <input type="checkbox"/> Adopt a Family @ Christmas, <input type="checkbox"/> Annual Gala, <input type="checkbox"/> Spring Clean Your Pantry, <input type="checkbox"/> Educational Workshops, <input type="checkbox"/> Empty Bowl, <input type="checkbox"/> Holiday Food Boxes, <input type="checkbox"/> Senior Citizen Activities & Distributions					

Current and Prior Involvement with the Bastrop County Emergency Food Pantry & Support Center		
Now		Then
<input type="checkbox"/> I am a Donor <input type="checkbox"/> I regularly attend events		<input type="checkbox"/> I have volunteered in the past. <input type="checkbox"/> I have donated. <input type="checkbox"/> I have attended events, occasionally.
My Hopes for My Volunteer Experience(s): Please check all that apply		
<input type="checkbox"/> I want to be of service to others. <input type="checkbox"/> I like to have FUN through social interaction. <input type="checkbox"/> A <i>similar</i> activity to my current/former work. <input type="checkbox"/> Increase my skills set: _____ <div style="text-align: right; font-size: small;">Please Specify</div>		<input type="checkbox"/> I want to gain a sense of giving something back. <input type="checkbox"/> This will increase my networking opportunities. <input type="checkbox"/> An activity <i>different</i> from my current/former work. <input type="checkbox"/> Other: _____ <div style="text-align: right; font-size: small;">Please Specify</div>
How Did You Learn About the Bastrop County Emergency Food Pantry & Support Center? Please check all that apply		
<input type="checkbox"/> From a Friend: _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> A Posted Notice	<input type="checkbox"/> Our Newsletter <input type="checkbox"/> Employer <input type="checkbox"/> Church or Other Organization	<input type="checkbox"/> Our Website <input type="checkbox"/> Other Newsletter <input type="checkbox"/> Other: _____
If you have any questions, please contact:		
Heather Weldy VISTA Volunteer Coordinator 512 303-0033		Email: hweldy@austin.rr.com 512 321-4544 fax www.bastropfoodpantry.org

I, _____, Volunteer my services through the Bastrop County Emergency Food Pantry & Support Center's Volunteer Program and ***understand I am not an employee*** of the Bastrop County Emergency Food Pantry & Support Center, Inc.

(Please Print)

Signature _____
Date

This application has been approved by:

Tresha Silva, Executive Director _____
Date

You will receive a welcome letter of confirmation in the near future, which will include the date of the next Volunteer Training.

Please feel free to contact Heather Weldy, our VISTA Volunteer Coordinator, with any questions you may have or changes you wish to make.

**Your volunteer services are important to us.
Please remember to call if you cannot keep an appointment.**



Bastrop County Emergency
Food Pantry
& Support Center, Inc.

Volunteer Confidentiality Acknowledgment

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except (1) as mandated by law, (2) to prevent a clear and immediate danger to a person or persons, (3) where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality.

I shall possess a professional attitude that upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive issue arising within the non-profit.

I, upon my termination and/or resignation, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this non-profit.

I understand that violation of this confidentiality statement may be grounds for immediate dismissal as a volunteer.

Volunteer Signature

Date

Executive Director Signature

Date



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Food Pantry
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Volunteer Waiver

I, _____, the undersigned due hereby release the Bastrop County Emergency Food Pantry and Support Center, Inc. from any and all liabilities that might arise from my activities as a volunteer, assisting in any manner.

I also release Bastrop County Emergency Food Pantry and Support Center, Inc. from any liability which might arise from my being accompanied by minor children.

Signature

Date