



# Volunteer Registration Pg.1

School Year: \_\_\_\_\_  
*(i.e. 2009-2010)*

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*street city zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## VOLUNTEER AVAILABILITY & INTEREST

### Day, Frequency, and Time

- Wednesdays
- Every Other Week     Once a Month

## REFERENCE INFORMATION

*Please list two references who can verify your work and/or volunteer experience (i.e. supervisor, religious official, etc.)*

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

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## OPTIONAL INFORMATION *(for record purposes only)*

Gender:  Male     Female    Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Employment Status:  Employed     Retired     Student     Other \_\_\_\_\_

School/Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How did you learn about Faith Network of the East Bay? \_\_\_\_\_

Church/Organization Affiliation (if any): \_\_\_\_\_



## Volunteer Registration Pg. 2

VOLUNTEER COMMITMENTS AND POLICIES *(please check to indicate agreement)*

**I hereby promise...**

- I will follow the policies of the Alameda County Community Food Bank, which include:
  - Wearing close-toed shoes
  - Turning off cell-phones while inside the Food Bank
  - Being 12+ years old
- I will be free from the influence of alcohol or illegal drugs while serving at the Food Bank
- I will be respectful and support and follow the lead of the Director of Health4Kids and the Food Bank
- I will perform only the duties described by Health4Kids
- I will not be on Food Bank grounds outside of my volunteer times unless I arrange with the administration
- I will inform Faith Network of any changes to my availability, contact information, or emergency contact
- I will meet the time commitment required for a volunteer position
- I give permission for any photographs or video of myself, obtained during volunteer activities, to be used in informational materials for Faith Network of the East Bay.

### QUESTIONS

*If you have any questions, please feel free to write them here and we will get back to you upon receiving this form.*

*By signing below, I verify that the information provided is accurate and I agree to abide by the policies listed above.*

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

*Please mail completed Volunteer Registration forms to Volunteer Director, Natasha Hicks, at the Faith Network Office*