



VOLUNTEER INTEREST FORM

Thank you for your interest in our volunteer opportunities. Please take a few moments to complete this form. Someone from our volunteer department will be in contact with you.

Last Name: _____ First Name: _____ Middle Name/Initial _____

Mr. Ms. Mrs. Miss They/Them Preferred Nickname: _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Is anyone else at this address a volunteer at FSLC? ___ Yes ___ No If yes, who? _____

Have you ever volunteered for FSLC before? ___ Yes ___ No If yes, who? _____

Do you have any Special Medical Condition/Limitations that we should be aware of? _____

I am volunteering with (Group Name): _____	If a student, what school?: Name of school contact: _____
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If you are a high school student, is this for school, Girl Scouts/Boy Scouts? ___ Yes ___ No

Is this inquiry in regard to completing court-mandated community service hours*? ___ Yes ___ No

* Please note: You must be at least 18 years of age to complete court-mandated community service hours with us.

Emergency Contact Name: _____	Emergency Phone Number: _____
	Other Emergency Number: _____

Availability:

Monday Tuesday Wednesday Thursday Friday

Frequency: Daily Weekly Monthly Other _____

Time: Morning From: _____ To: _____
 Afternoon From: _____ To: _____
 Evening From: _____ To: _____

-- Please continue form on the second page! --

Areas in which I am interested in volunteering:

- Pantry/Food Distribution Building Maintenance Special Events Food Collection
- Delivery/Pickup Driver Nutrition Education Other _____

Skills and Experience:

- Driving forklift Driving delivery truck Inventory Stocking shelves/filing orders
- Maintenance Cooking instructor Gardening Computer skills/technology
- Jewelry knowledge Data entry Graphic/web design Social media
- Grant writing Fund raising Public presentations Volunteer coordination
- Bulk mailing Public relations Other _____

Languages:

Please list any language in which you are fluent in speaking or reading/writing.

	<u>Fluent Speaking</u>	<u>Fluent Reading/Writing</u>
English	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

RELEASE OF LIABILITY

The undersigned individual will be engaged in volunteer service in the form of special events, warehouse, office and related duties for Food Share of Lincoln County (FSLC). This participation is voluntary on the part of the individual, who hereby releases FSLC, its director, employees, agents, Board of Directors, predecessors, successors, assigns, representatives, attorneys, subsidiaries, and affiliates; and all persons acting by, through or in connection with any of them from any and all claims, liabilities, damages, losses, demands, and actions of any nature whatsoever arising out of the individual’s participation in such duties. Such release extends to any injury, damage, loss, or liability incurred by the individual while engaged in such duties, whether occurring on or off the premises owned or operated by FSLC.

PHOTO RELEASE

I hereby grant Food Share of Lincoln County (FSLC) permission to use my photograph in any and all publications, including web site entries, without payment or any other consideration in perpetuity.

Signature **Date**

Signature of parent or guardian if volunteer is under 16 years of age

Thank you for your interest in volunteering with FSLC!

Please scan and email this filled form to info@FoodShareLC.org or mail/drop off to 535 NE 1st Street in Newport.