

Start Date:

End Date:

Date Entered:

Welcome Sent:

(For Office Use Only)

KITCHEN ANGELS VOLUNTEER APPLICATION - 2017

Name _____

Address _____

City _____ State _____ Zip _____ Birth Date _____ / _____ / _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Occupation _____

How did you hear about Kitchen Angels? _____

Please list other volunteer activities and organizations that you have been involved with:

Have you ever been found guilty by a court or tribunal for a felony or violent act OR been convicted of a crime other than a minor traffic violation? Yes _____ No _____

If you have any medical conditions that might impair your ability to perform your volunteer duties, please explain, and let us know what to do in case of emergency. _____

In emergency notify Name _____ Phone(s) _____

Please circle the day(s) and time(s) you are available to volunteer

☐ **KITCHEN** Mo Tu We Th Fr AM 10 – 12 PM 1 – 4

☐ **KITCHEN SUBSTITUTE** Mo Tu We Th Fr AM 10 – 12 PM 1 – 4

☐ **DELIVERY** Mo Tu We Th Fr PM 4:30 – 6:30

☐ **DELIVERY SUBSTITUTE** Mo Tu We Th Fr PM 4:30 – 6:30

☐ **DELIVERY COORDINATOR** Mo Tu We Th Fr PM 3:30 – 5:30

☐ **DELIVERY COORD. SUB** Mo Tu We Th Fr PM 3:30 – 5:30

☐ **KITCHENALITY** Mo Tu We Th Fr Sa AM 10 – 1:30 PM 1:30 – 5 SAT 10 – 2

☐ **KITCHENALITY SUB** Mo Tu We Th Fr Sa AM 10 – 1:30 PM 1:30 – 5 SAT 10 – 2

☐ **OTHER** ☐ Mailings ☐ Photography ☐ Special Events ☐ Info Table ☐ Catering ☐ Food pick-up

Do you have any other skills or talents you might enjoy using in support of the Kitchen Angels mission?

PLEASE LIST THREE PERSONAL REFERENCES :

Name: _____ Phone # (s) _____

Name: _____ Phone # (s) _____

Name: _____ Phone # (s) _____

KITCHEN ANGELS, INC. Volunteer Agreement and Release from Liability

I recognize that, as a volunteer I represent **Kitchen Angels, Inc.** to the public. I accept the responsibility to conduct myself in a professional manner as a representative of this organization. I will not knowingly participate in and will report any and all instances of harassment, exploitation, or intimidation. **INITIAL** _____

I give my consent to **Kitchen Angels, Inc.** to use my likeness in photographs, videotapes, on the internet, on social media sites and in all other visual media in order to promote the work of Kitchen Angels. I also consent to the use of audio recordings of my voice for the same purpose. All audio or video recordings shall be the property of **Kitchen Angels, Inc.** I further understand that **Kitchen Angels, Inc.** has the right to duplicate, reproduce, or make other use of aforesaid materials as it may desire, free and clear of any claim whatsoever on my part. **INITIAL** _____

I agree to maintain the confidentiality and privacy of all volunteers, clients, and donors, past and current, about whom I have personal and identifying information. Client trust and confidentiality is foremost, and if asked to whom we deliver, I will reply only that I am delivering food. When delivering meals, I will not display the Kitchen Angels name or logo on my person or vehicle. **INITIAL** _____

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others. I hereby agree to accept any and all risks of injury. **INITIAL** _____

As a delivery or Kitchenality volunteer, I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I will make a good-will effort to find a substitute for myself if I am unable to attend my designated shift. In addition, I will alert the volunteer coordinator of the name of my substitute volunteer. **INITIAL** _____

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. **INITIAL** _____

Insurance Company _____ Vehicle License Plate # _____

New Mexico Driver's License Verified _____ (staff initials) _____

I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol or other intoxicating substances and I agree to maintain my license and insurance in good standing during my entire tenure as a volunteer for the organization. **INITIAL** _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature: _____ Date: _____

If the individual named above is less than 18 years of age, or if the physical or mental condition of the individual named above will not permit him/her to sign, the signature of the caregiver, parent, or guardian is required.

Guardian Signature: _____ Date: _____