

Start Date:

End Date:

Date Entered:

Welcome Sent:

(For Office Use Only)

KITCHEN ANGELS VOLUNTEER APPLICATION - 2024

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ Birth Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Occupation _____

How did you hear about Kitchen Angels?

Word of Mouth Advertising Event/Outreach Volunteer/Client

Online Kitchenality/Program Work/School/Church Court

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, violent crime, or theft-related crime? 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 check the shift and days you are available to volunteer

AM KITCHEN **AM SUB** (9:00 am – 12:00 pm) Mo Tu We Th Fr

PM KITCHEN **PM SUB** (12:30 pm – 2:30 pm) Mo Tu We Th Fr

DELIVERY **DELIVERY SUB** (3:15 pm – 5:15 pm) Mo Tu We Th Fr

DELIVERY PREP **D.P. SUB** (1:00 pm – 4:15 pm) Mo Tu We Th Fr

KITCHENALITY STORE (10:00 am – 2:00 pm) Mo Tu We Th Fr Sa

KITCHENALITY WAREHOUSE (10:00 am – 2:00 pm) Mo Tu We Th Fr Sa

OTHER Data Entry Photography Special Events Info Table Catering Food pick-up Caring Callers

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 volunteer, I agree to provide 7+ days advance notice in the event that I will be absent from my volunteer shift. If unable to attend a shift that is taking place in less than 24 hours, I will call the office and speak directly with a staff member. **INITIAL** _____

If my volunteer service includes driving an automobile (delivery volunteer), 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: _____