

Start Date: _____	Date Entered: _____	Referral: _____	Reason: _____
End Date: _____		Hrs Assigned: _____	Deadline: _____
		Hrs Completed: _____	Date Completed: _____

(For Office Use Only)

KITCHEN ANGELS VOLUNTEER APPLICATION **COMMUNITY SERVICE – 2023**

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ Birth Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Occupation _____

In emergency notify: Name _____ Phone(s) _____

How did you hear about Kitchen Angels? Court/Probation Work/School/Church Word of Mouth

Advertising Volunteer/Client Online Event/Outreach Kitchenality/Program

Have you ever been found guilty by a court or tribunal for a felony or violent act OR been convicted of a theft-related crime? Yes No

If Yes, please explain _____

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.

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

VOLUNTEER SHIFTS

AM KITCHEN SHIFT (10:00 am – 12:00 pm) Mo Tu We Th Fr

PM KITCHEN SHIFT (1:00 pm – 3:00 pm) Mo Tu We Th Fr

DELIVERY (3:30 pm – 5:30 pm) Mo Tu We Th Fr

BAG SANITIZING (Flexible times) Mo Tu We Th Fr

KITCHENALILTY (resale store) (10:00 am – 2:00 pm) Mo Tu We Th Fr Sa

OTHER (Various times) Special Projects Cleaning Office

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 as much advance notice as is possible in the event that I will be absent from my volunteer shift. If unable to attend a volunteer 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, 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 # _____

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: _____