

**Tri-Cities Food Bank**

420 W Deschutes Ave  
Kennewick, WA 99336  
Phone (509) 582-0411  
Fax (509) 586-1215  
tricitiesfoodbank@gmail.com

# Volunteer Application Form

**Community Service**  **# Hours Needed:** \_\_\_\_\_

**Date volunteer service ended:** \_\_\_\_\_

(enter date and send form to CSF – no copy needed at branch)

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

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

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Phone #

Do you give your permission for the use of your photo in publicity?  Yes  No

Do you volunteer now (other than with TCFB)?  Yes  No

If so, where \_\_\_\_\_

Availability Category:  Long Term  Short Term  Special Events

Type of work you are willing to perform:

- Warehouse (minimum lifting requirement 30lbs)
- Warehouse management (running a site and crew)
- Forklift operator – Are you certified?  Yes  No
- Driver (complete license information on Secure Data Sheet)
- Clerical (answer phones, light typing, computer work etc.)
- Intake (check-in clients, computer work)
- Front (stocking shelves, assisting clients in food selection, standing required)
- Kitchen (packaging, sorting, no cooking).

Do you have a current Food Handlers card?  Yes  No

Have you ever been convicted of a crime?  Yes  No If "Yes", please explain: \_\_\_\_\_

At which of our facilities are you available to work?  Wherever you need me  On call only  
 Benton City  Kennewick  Richland  West Richland  Central Warehouse  Central Office  
(clerical only)

Day(s) available? (circle all availability) Monday Tuesday Wednesday Thursday Friday Saturday

Are you CPR/First Aid certified?  Yes  No Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

**Optional Information: (Check all that apply)**

Ethnic Information:

- Native American  Asian/Pacific Islander  Caucasian  African American  Hispanic/Latino

Other \_\_\_\_\_

Do you have a disability?  Yes  No If yes, how will it affect which jobs you can perform?  
\_\_\_\_\_

**Site Manager Use Only:** form accepted at:

- Benton City  Kennewick  Richland  West Richland  CSF

**PLACED:**  Yes  No Day/shift: \_\_\_\_\_

Branch assignment:  Benton City  Kennewick  Richland  West Richland  CSF

Copy of Drivers License:  Yes  No Auto Ins. Info:  Yes  No (only needed for Drivers)

RSVP form attached:  Yes  No (for ALL 55 and older)

Copy of Food Handlers Card:  Yes  No Copy of CPR/First Aid: Card:  Yes  No

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## Secure Data Sheet

Name: _____
Address: _____
City/State/ZIP: _____
Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Driver's License #: _____ Expiration Date: _____
Auto Insurance: carrier: _____ Policy #: _____

I understand that the Tri-Cities Food Bank (TCFB) conducts background checks. Initials: \_\_\_\_\_

I understand that I am responsible for tracking my own Community Service hours (court ordered or school related), and it is not the responsibility of the TCFB. Initials: \_\_\_\_\_

If I am 55 or over, I understand that I become a member of the RSVP program, which provides me with free accident, personal liability, and excess (**secondary**) automobile liability coverage while volunteering for TCFB (a signed Partner Agency), at no cost to me. (Attach completed form) Initials: \_\_\_\_\_

**I understand that this position is volunteer, and as such is unpaid.** Initials: \_\_\_\_\_

I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I assume all liability from any cause whatsoever that may arise out of or in connection with my volunteering, including but not limited to all liability from any cause whatsoever for personal injury or property damage, and will hold harmless TCFB, the Board of Directors, and all officers and staff. I hereby volunteer my services and understand that I am not a paid employee of the TCFB.

\_\_\_\_\_  
Volunteer Signature (Guardian if under 18) \_\_\_\_\_  
Date

<b>CSF ONLY:</b>	Background check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
	Driver check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
	Added to Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

### Distribution:

- Page 1 – original to CSF
- Copy to Site Manager at hiring site
- Secure Data Sheet – original to CSF
- NO COPIES ARE TO BE MADE**
- RSVP form – original to CSF for all staff 55 and above
- NO COPIES ARE TO BE MADE**
- Attach copies of cards as appropriate;
- Drivers License for potential drivers
- NO COPIES STAY AT BRANCH**
- Food Handlers and CPR cards as applicable
- Copy to Site Manager at hiring site

When Community Service hours have been completed, enter date at top of page one, and send form to CSF

**All forms are to be stored securely at appropriate locations.**