

Court Appointed Community Service Application

Name		Birthdate:	
Street Address			
City:		State:	ZIP Code:
Home Phone	Cell Phone		
E-Mail Address		Date of Birth: / /	

Do you have any medical conditions that might limit your volunteer ability?	
How many pounds do you feel comfortable lifting , approximately?	

Background

Education:	Current Employer:
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Court-Ordered Community Service Hours

Number of hours to complete:	Date required by:
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Do you need confirmation in writing of your hours served with Loaves & Fishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please complete this section by answering both questions:

Description of offense: _____

Date of Conviction(s): _____

Person to Notify in Case of Emergency

Name:	
Phone:	Relationship to Applicant:

Availability

During which hours are you available to volunteer?

_____ Tuesday / _____ Wednesday / _____ Thursday / _____ Friday / _____ Saturday

_____ Mornings _____ Afternoons

Case Worker/Probation Officer

Name:	Phone:
Address:	

Loaves & Fishes Food Pantry, Inc. is committed to equal opportunity without regard to race, color, religion, gender, sexual orientation, national origin, age, veteran status, marital status, political affiliation, genetics or disability. We prohibit discrimination in all aspects of our policies, practices, operations and programs.

Agreement and Signature

I hereby certify that all entries on application and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of L&F . I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and education institutions listed being contacted regarding this application. I further authorize L&F to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated on a need-to-know basis for good cause shown as determined by the Executive Director or their designee.

Name (printed)	Signature:	Date:
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Volunteer Waiver of Liability

I acknowledge that I have voluntarily applied to participate in Loaves & Fishes Food Pantry's volunteer program. I understand that the scope of my volunteer relationship with Loaves & Fishes Food Pantry is limited to a volunteer position and that no compensation is expected in return for services provided by me; that Loaves & Fishes Food Pantry will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to Loaves & Fishes Food Pantry.

I hereby release Loaves & Fishes Food Pantry from, and waive on behalf of myself and my heirs and any minors for whom I am responsible who volunteer with me, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Loaves & Fishes Food Pantry, or that may otherwise arise in any way in connection with any voluntary activities with or for Loaves & Fishes Food Pantry. This liability waiver and release extends to Loaves & Fishes Food Pantry together with all of its officers, directors, affiliates, and agents. I assume the risk of any and all dangerous conditions in and about Loaves & Fishes Food Pantry facilities or in connection with any off-site volunteer activities.

By signing up to volunteer at Loaves & Fishes, I acknowledge that I have read and accept this agreement.