



## ADULT VOLUNTEER APPLICATION

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Name			Date
Address	City & State	Zip Code	
Home Phone	Cell Phone	Email Address	

How did you hear about Healing Meals Community Project?

- Friends or family
- Heard/read about in on Facebook/ TV/ Newspaper/ Radio
- Healthcare providers
- Other: \_\_\_\_\_

What motivated you to volunteer? Check all that apply.

- To learn about healthy foods
- A friend or family member was sick and helped by Healing Meals
- I have been through a serious illness or had cancer
- I received meals from Healing Meals
- My friend works/volunteers at Healing Meals
- I have free time and wanted to volunteer
- I wanted to be more involved in my community
- Other: \_\_\_\_\_

What do you hope to learn or experience?

- About healthy foods
- Why food makes a difference in health
- Get support for improving my diet
- Have more community in my life
- Give back to my community
- Other: \_\_\_\_\_

OFFICE USE

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Background check received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Results: _____
Input in NPE: _____	Contacted:	1. _____	Placement: 1. _____
		2. _____	2. _____
		3. _____	3. _____



## ADULT VOLUNTEER APPLICATION

### VOLUNTEER INTERESTS

Please check any of the volunteer positions at Healing Meals that you are interested in. Please rank your choices (1 being what you want to do the most).

- Delivery Angel
- Food procuring/ pick up/ cleaning\*
- Light cooking/ food prep
- Supplemental product making
- Container sterilizing
- Mentor chef
- Client liaison\*
- Education program assistant\*
- Working special events\*
- Publicity/ outreach/ promotion\*
- MS Office/ data entry\*

\* Date and times may vary

Our kitchen is located at The North House (2 Nod Road in Avon) and is currently open on Tuesdays and Wednesdays. Wednesday shifts are from 12:30–2:30pm (prep) and 3-6pm (cooking). On Thursdays the shift is from 10–12pm (packaging). Delivery Angel pickup is 11:30am on Thursdays.

You must be able to work at least a 2.5 – 3 hour shift to volunteer at Healing Meals. What days and times are you able to volunteer?

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Tell us briefly about your professional/ work experience.

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Tell us briefly about your volunteer experience.

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## ADULT VOLUNTEER APPLICATION

Do you speak other languages? If so, which?

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Is there anything else you want to tell us about yourself?

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## EMERGENCY CONTACT INFORMATION

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Name	Relationship	
Home Phone	Cell Phone	Email Address

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## WORK INFORMATION

Do you currently work outside the home?  Yes  No

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Company/ Organization Name	Company Contact
Job Title	Job Function

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## CRIMINAL HISTORY

Have you ever been convicted of any criminal offense other than the following: minor traffic violation (fine under \$500); offenses settled in juvenile court/ welfare youth offender law

Yes  No If yes, please explain:

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### DEMOGRAPHIC INFORMATION

This information is confidential. Our funders are interested in knowing the demographic makeup of our volunteers. Participation is optional and will be used to describe our volunteers as a group and not individually. Thank you for your participation.

Racial/ Ethnic:

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

Annual Household Income:

- Under \$10,000
- \$10,000 - \$25,000
- \$25,000 - \$45,000
- \$45,000 - \$60,000
- \$60,000 - \$75,000
- \$75,000 - \$95,000
- \$95,000 and over
- Unsure

Date of birth: \_\_\_\_\_

Gender:  Female  Male  Other: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Other: \_\_\_\_\_



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### VOLUNTEER COMMITMENTS

Thank you for volunteering with Healing Meals Community Project. We are committed to providing you, as a Healing Meals volunteer, with a rich experience and in finding a volunteer position that meets Healing Meals' needs and is a good fit for you.

- I, \_\_\_\_\_, agree to keep all client information or otherwise private information of Healing Meals Community Project confidential.
- I understand the volunteer commitment with Healing Meals Community Project is 6 – 12 months.
- I understand the importance of my attendance at Volunteer Trainings, held three times a year, is required in being a volunteer with Healing Meals Community Project.
- I will do my best to communicate with the position coordinator or volunteer manager and will give at least two weeks' notice if I will not be able to fulfill my obligations.
- I understand that Healing Meals Community Project is an evolving organization. Healing Meals is committed to a culture of openness, warmth and understanding as we nurture each other, our clients and the larger community. We depend on all staff and volunteers to reflect this in our work together, and invite you to offer suggestions/ feedback anytime as well as through our annual volunteer survey.

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Volunteer Signature

Date



## ADULT VOLUNTEER APPLICATION

### VOLUNTEER AGREEMENT & RELEASE FROM LIABILITY

1. I, \_\_\_\_\_, agree to work for Healing Meals Community Project as a volunteer.
2. As a volunteer, I understand that I control the dates and times when I do the work, and that Healing Meals Community Project is not responsible for scheduling my volunteer work. I also understand I will not be compensated for anytime spend volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participate as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Healing Meals Community Project, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against Healing Meals Community Project or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Healing Meals Community Project and its offices, employees, agents and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now have, or may have in the future, for injury or damage resulting from my participation in the project.
5. I understand that if I am injured in the course of the project, I am not covered by Healing Meals Community Project's insurance. I authorize Healing Meals Community Project to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be response for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Healing Meals Community Project are and remain the property of Healing Meals Community Project, and I agree to return these tools and any remaining materials to Healing Meals Community Project at the end of my volunteer service.
7. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

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Volunteer Signature

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Healing Meals Community Project Representative Signature

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Print Name

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Print name

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Date

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Date



## ADULT VOLUNTEER APPLICATION

### PHOTO RELEASE

*As a non-profit social benefit organization, Healing Meals Community Project depends on donations from individuals, businesses, organizations and foundations to support our work. Sharing stories about our programs and their impact is vital to our ability to raise funds. We ask for your partnership in this effort by signing the following photo release.*

### Video, Photographic, Internet Release Agreement

The undersigned enters into this agreement with Healing Meals Community Project. I have been informed and understand that Healing Meals Community Project may wish to use my own and/or my child's first name, likeness and speech in its printed and/or electronic communication materials (brochures, videos, websites, social media, etc.)

I grant Healing Meals Community Project and its designees the right to use such images and information. This grant includes the right to edit, mix or duplicate and to use or re-use the images in whole or in part and in any manner as Healing Meals Community Project in its sole discretion may elect. Healing Meals Community Project or its designee shall have complete ownership of the images and any printed materials, video programs and web content (i.e. material accessible over the internet) in which images may appear.

I also grant the right to broadcast, exhibit and otherwise distribute images as well as printed materials, video programs and/or web content either in the whole or in part, and either along of with other products.

I confirm that I have the right to enter into this Agreement; that I am not restricted by any other commitments to third parties; and that Healing Meals Community Project has no financial commitment or obligations to me as a result of this agreement.

I hereby give all clearances, copyright and otherwise, for the use of such images, and I expressly release Healing Meals Community Project and its officers, employees, agents and designees from any and all claims known or unknown arising out of or in any way connected with the above uses and representations.

The rights granted Healing Meals Community Project herein are perpetual. I hereby acknowledge receipt of reasonable and fair consideration.

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Volunteer Signature

No, I would like to opt out of the Photo release.

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Print Name

This release will supersede any previous releases on file.

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Date