

Yuma Community Food Bank  
Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Local Phone \_\_\_\_\_

Summer Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Days Available \_\_\_\_\_ Hours Available \_\_\_\_\_

Skills/Interests \_\_\_\_\_ Do you speak Spanish ( )No ( ) Yes

Drivers License \_\_\_\_\_ State \_\_\_\_\_

Vehicle License \_\_\_\_\_ State \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

In case of Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any medical/health problems we should know about? ( )No ( ) Yes If yes, please describe \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of injury or sudden illness, I hereby authorize any hospital or Doctor to render immediate emergency aid as might be required at the time for my health and safety. I will accept the expense of this service.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

I hereby agree to hold harmless and waive any and all claims or causes of action against YCFB arising out of my cause whatsoever, including, but not limited to claims arising out of the negligence or intentional conduct of YCFB's employees or agents.

I attest that I am physically fit and prepared to perform the tasks assigned to me as a YCFB volunteer subject to all personal limitations/restrictions described on my application. I further agree to use my personal insurance as the primary provider in the event of an accident or injury related to my work as an YCFB volunteer. I also grant YCFB full permission to use photographs or quotations from me for promotions or other purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Gleaner Bags

I understand I/we must perform 10 hours per month of service for the Food Bank (i.e. gleaning, food distributions, customer service or warehouse) in order to be eligible to receive a weekly gleaner bag. I also understand I must be eligible under the Federal Poverty Income Guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_