



MAKING A DIFFERENCE FOUNDATION

....making a difference in someone's life everyday

VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Date of Birth (optional)	
--------------------------	--

Availability

During which hours are you available for volunteer assignments?

Mondays Thursdays
 Tuesdays Fridays
 Wednesdays Saturdays/Sundays

Interests

Tell us in which areas you are interested in volunteering

Food packaging

- Deliveries
- Food pickup
- Fundraising/grant writing
- Administration
- Phone bank
- Newsletter production
- Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Community Service Hours

Are mandated by a court or other program to serve community hours?

If yes, Agency _____; How many hours? _____
Contact person information:

Criminal Background

Have you been convicted of committing a felony? ____Yes ____No
If Yes? What type? _____; When? _____
Have you been arrested for any crime involving children? ____Yes ____No
If Yes? What type? _____; When? _____
Do you have a valid driver's license? _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

We are a Christian based organization which believes in God. However, it is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



Eloise's Cooking Pot Food Bank

Children policy

- Children under 16 must be accompanied by parents at all times during their scheduled shift (usually between four and five hours)
 - Note – Children under 12 years of age must serve only on the 1st shift.
- All volunteers must wear close-toed shoes and clothing that is flexible to move in. No revealing clothing or jewelry is allowed. No profanity, gang, or other questionable attire is allowed.
- Young children must be supervised by the parents at all times for their safety. Eloise Cooking Pot food bank is a busy space with many people moving about and goods being transported. We also ask that children obey all rules of the food bank concerning distribution of food each day, and proper clothing attire.
- Volunteers who are also clients are asked to wait to receive their food until after their shift is completed
- Children who are miss-behaving or caught stealing should be reprimanded by their parents.

For all questions please refer to the food manager for more information or call 253-212-2778.

The Making a Difference Foundation



Eloise's Cooking Pot Food Bank Procedures

3543 McKinley Ave E
Tacoma, WA 98404
(253) 426-1994

At this time, Eloise Cooking Pot is experiencing shortages of food due to more clients and fewer donations. With the holidays approaching, we need to conserve and make sure food is being given to our clients. Our policy regarding taking food is as follows:

ALL food and food-related materials and other items donated to or purchased by said agency is to be used solely for the purpose of providing food, food-related material and other items to those who seek help at non-profit agencies designed to help those in need.

The exceptions to this understanding are:

1. Coffee, tea, sugar, and cream, which may be used on-site for staff, visitors, and volunteers.
2. Items on the bread/produce table **ONLY**, which may be taken in limited amounts by staff and volunteers.
3. Those items that can be used to help defray the cost of an event sponsored by or held by ECP.
4. When applicable, lunch of some kind will be provided for volunteers while serving at ECP. If you are in need of food during the lunch break on your day of service, please let the operations manager know and they will gladly assist you.

I, the undersigned, fully acknowledge that any violation of this policy by me, whether it be in the form of barter for service, for money, or for personal use by me or other can result in disciplinary measures or termination.

Printed Name

Signature

Date

MAKING A DIFFERENCE FOUNDATION

Photo Release Form

Participant's Name: _____

I hereby authorize Making A Difference Foundation – Seattle to publish the photographs taken of me, and, for use in the Making A Difference's printed publications and website. I acknowledge that since my participation in publications and websites produced by Making A Difference Foundation – Seattle is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by Making A Difference Foundation – Seattle confers upon me no right of ownership whatsoever. I release Making A Difference Foundation – Seattle, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ Date: _____

Street Address: _____

City / State / Zip: _____

VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

The Making A Difference Foundation (MADF) and _____ (volunteer) agree that in exchange of the opportunity to volunteer in the food bank programs, the following terms shall apply:

1. This agreement begins on the date listed above the participant's signature and is expected to continue for three years.
2. Either party may terminate this agreement at any time for any reason upon immediate notice, oral, or written to the other party.
3. The volunteer is not an employee of MADF and is not entitled to receive a salary, benefits or other compensation. The volunteer understands that he/she does not qualify for worker's compensation benefits and is expected to carry personal medical insurance to cover medical expenses for any injuries he/she incurs while performing volunteer services.
4. Volunteer agrees to undergo and provide MADF a current and complete criminal history investigation. Volunteer further asserts that he/she is not otherwise prohibited by law from being involved with or engaged in any activity involving or in the presence of children.
5. Volunteer waives, releases and holds harmless MADF, its directors, officers, employees, agents and other volunteers from any and all claims, caused of action and damages for bodily injury or death that he/she may suffer as a result of or in any manner connected with the food bank program. He/she understands that this waiver and release precludes his/her rights to recovery of damages in the event he/she is injured in the course of performing volunteer duties.
6. Volunteer shall defend, hold harmless and indemnify MADF, its directors, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of actions, judgements, settlements, costs and expenses (including reasonable expert witness and attorney fees) that may at any time arise or by claimed by any person as a result of bodily injury death or property damage or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, performing duties related to the safe and secure online program.

I _____ have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.

Date: _____

Volunteer Name Printed

Volunteer Signature