



# 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.

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### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### 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 on committing a felony?

If Yes? What type? \_\_\_\_\_; When? \_\_\_\_\_

Have you been arrested for any crime involving children?

If Yes? What type? \_\_\_\_\_; When? \_\_\_\_\_

Do you have a valid drivers 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.

**VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

The Making A Difference Foundation (MADF) and \_\_\_\_\_ (Volunteer) agree that in exchange for the opportunity to volunteer in the food bank program, 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, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with the food bank program. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing my 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 action, judgments, settlements, costs and expenses (including reasonable expert witness and attorney fees) that may at any time arise or be 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 Signature

## MAKING A DIFFERENCE 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 rights 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: \_\_\_\_\_