



**Volunteer Enrollment Form**  
All Information Provided Is Confidential  
Thank You for Printing Clearly

**MISSION STATEMENT**

Issaquah Food & Clothing Bank provides food, clothing, and related services to individuals and families who find themselves in need of basic necessities. We strive to help people remain self-sufficient in the community and to maintain a sense of individual worth and dignity.

**Personal Information**

Name: \_\_\_\_\_ ( ) Female ( ) Male  
Last First Middle Initial

Address: \_\_\_\_\_  
Street/Box # City State Zip

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship (husband/wife, parent, friend): \_\_\_\_\_

**Auto Insurance Information**

If you are a Volunteer Driver and using your car to drive to and from area stores the following information is required. Please attach a copy of your driver's license and insurance card.

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you carry at least the minimum WA state required liability insurance ( ) yes ( ) no

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Insurance Statement:** I understand that if I use my personal vehicle during my volunteer service, I will keep my automobile insurance policy current and equal to the minimum WA state requirement. My insurance will be charged first if there is an accident.

\_\_\_\_\_ please initial here

**Certifications**

Please attach a copy of all certifications.

Do you have a Food Handlers Permit? ( ) yes ( ) no Exp. Date \_\_\_\_\_

Are you CPR Certified? ( ) yes ( ) no Date: \_\_\_\_\_ Are you First Aid Certified? ( ) yes ( ) no Date: \_\_\_\_\_

Why do you want to volunteer at the Issaquah Food and Clothing Bank? Any specific goals?

**Skills**

What skills and knowledge are you willing to share with the Issaquah Food and Clothing Bank?

Please check boxes that match your skills or interest.

Administrative	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>
Board of Directors	<input type="checkbox"/>	Food Pickups/Deliveries	<input type="checkbox"/>	Organizing Clothing	<input type="checkbox"/>
Computer Skill	<input type="checkbox"/>	Newsletters	<input type="checkbox"/>	Organizing Food	<input type="checkbox"/>
Handy Person	<input type="checkbox"/>	Language _____	<input type="checkbox"/>	Office Help	<input type="checkbox"/>
Art / Photography	<input type="checkbox"/>	Marketing/Advertising	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>
One-day Work Parties	<input type="checkbox"/>	Planning Special Events	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>

Others:

**Confidentiality Statement:** I understand that all information on this form is voluntarily supplied and may only be used and disclosed in a professional manner. I understand it is the policy of Issaquah Food and Clothing Bank to regard all information (both written and verbal) pertaining to staff, volunteers and clients served as confidential. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

\_\_\_\_\_ please initial here

**Drug Free Statement:** Issaquah Food and Clothing Bank is committed to providing a drug free, healthy, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. Issaquah Food and Clothing Bank prohibits the use, possession, or sale of illicit drugs in the workplace or when conducting agency business. Issaquah Food and Clothing Bank requires its employees and volunteers to be free from illicit drugs and from the influence of alcohol where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with the statement.

\_\_\_\_\_ please initial here

Please sign and date this application form. This affirms you have read and understand the Guiding Principles on page 2, the confidentiality, insurance and drug free statements on this form and that all above information is true to the best of your knowledge.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**PARENT/GAURDIAN SIGNATURE IS REQUIRED FOR THOSE UNDER 18**

I, \_\_\_\_\_ am the custodial parent/guardian of the above listed person. I give permission for him/her to participate in volunteer activities I hold harmless the Issaquah Food and Clothing Bank for any injury or other situations that may arise from my child's choice to serve as a volunteer. I understand that in some volunteer situations parental or adult supervision may be required in order for my child to participate. I agree to hold Issaquah Food and Clothing Bank harmless, and give my child permission to participate in volunteer activities.

\_\_\_\_\_  
\*Parent signature (required for volunteers under 18)

\_\_\_\_\_  
Date

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(cut)

**Guiding Principles**

Most non-profits agencies track the number of volunteers and hours donated in support of their services. With the submission and tracking of volunteer hours the Issaquah Food and Clothing Bank can provide summary reports of service hours to our partner agencies. These reports also allow us to use the value of donated volunteer hours as an in-kind match for grants and other funding support.

**Volunteer Rights:**

- You should be treated as a co-worker by staff members at the agency.
- You should be given assignments that utilize and develop your skills.
- You should be given adequate information and training to carry out your assignments.
- You should receive guidance and supervision by a staff member.
- You should feel free to discuss problems, ask questions, or make suggestions.
- You should have a designated place to work.
- You should receive recognition of a job well done.

**Volunteer Expectations:**

Volunteers expect and enjoy certain rights when they donate their time. Volunteers, however, have specific responsibilities to the Issaquah Food and Clothing Bank. We count on you! Please fulfill your shift commitment.

- You must be dependable, reliable, businesslike, and abide by the agreement you make with the Issaquah Food and Clothing Bank.
- You must notify us if it is not possible to meet your commitment as planned.  
Call: 425-392-4123  
E-mail: [Teresa@issaquahfoodbank.org](mailto:Teresa@issaquahfoodbank.org)  
[Kim@issaquahfoodbank.org](mailto:Kim@issaquahfoodbank.org)  
[Cori@issaquahfoodbank.org](mailto:Cori@issaquahfoodbank.org)
- If you have problems or concerns, please talk to your supervisor so that they may be discussed and resolved. Be sure to ask questions about things you don't understand.
- **You Must** sign in & out on volunteer board after each shift.
- The Food and Clothing donated to our facility is strictly for our clients. Please refrain from taking anything from the premises.