



# Volunteer Application Form

Loaves & Fishes is a private, non-profit organization dedicated to rescuing prepared, perishable food from restaurants, hotels, school and other commercial entities and delivering it to non-profit organizations serving those in need and crisis throughout Greenville County. We depend upon our team of volunteers to rescue and deliver more than 2 million pounds of food each year. We are excited about the possibility of you joining our team. It is our goal to make volunteer experience with Loaves & Fishes as productive and fulfilling as possible. Please complete the following information as thoroughly as possible.

*Note: Completion of this application in no way guarantees a volunteer position with Loaves & Fishes.*

## Basic Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Email \_\_\_\_\_ May we contact you via email?  Yes  No

Are you under 18 years of age?  Yes  No \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (optional)

Who should we contact in case of an emergency? \_\_\_\_\_

Relationship to you? \_\_\_\_\_ Phone \_\_\_\_\_

## Volunteer Information

Why have you chosen to volunteer for Loaves & Fishes? \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

Skills and abilities you can offer as a volunteer: \_\_\_\_\_

Please describe any previous volunteer experience: \_\_\_\_\_

**Work Information**

Employer: \_\_\_\_\_  Full-time  Part-time  Retired  Self-employed

May we contact you at work?  Yes  No

Occupation/Responsibilities:  
\_\_\_\_\_

Does your employer offer time off from work to volunteer?  Yes  No  Unsure

Does your employer offer a matching donation program?  Yes  No  Unsure

**Automobile Insurance**

Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Additional Information**

Please list any physical limitations or specialized needs you may have: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No (Conviction of a crime is not an automatic disqualification for volunteer work.)

If yes, please explain the nature of the crime and the date of the conviction and disposition.  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list three people who can attest to your character, skills and dependability.

Name	Relationship to You	Phone	Length of Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Availability**

Please select or check the times that are appropriate for you to volunteer.

<b>Day of Week</b>	<b>Time of Day</b>	<b>Time of Day</b>	
Monday	_____ am or pm until	_____ am or pm	<input type="checkbox"/> Anytime
Tuesday	_____ am or pm until	_____ am or pm	<input type="checkbox"/> Anytime
Wednesday	_____ am or pm until	_____ am or pm	<input type="checkbox"/> Anytime
Thursday	_____ am or pm until	_____ am or pm	<input type="checkbox"/> Anytime
Friday	_____ am or pm until	_____ am or pm	<input type="checkbox"/> Anytime
Saturday	_____ am or pm until	_____ am or pm	<input type="checkbox"/> Anytime
Sunday	_____ am or pm until	_____ am or pm	<input type="checkbox"/> Anytime

**Read Carefully Before Signing this Application:**

I hereby consent to permit Loaves & Fishes to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing, and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal or of separation from volunteer service upon discovery thereof.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*This organization does not discriminate on the basis of race, color, national origin, gender, age or handicap in referring volunteers.

<b>FOR OFFICE USE:</b>		
PTI:	Offense:	Hours Needed:
A    D    O	Notes:	