



VOLUNTEER APPLICATION



harvestruralfeeding.org | P.O. Box 29 Witter, AR 72776 | 479-677-2199 | lisa@harvestruralfeeding.org

Volunteer Information

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Age _____ Birthdate (mm/dd/yy) _____ Gender Male Female

Home Phone Number _____ Email Address _____

Cell Phone Number _____ Work Phone Number _____ Ext. _____

What ministry or food service work experience do you have?

| | Organization | Dates Worked | Contact Person | Contact Number |
|----|--------------|--------------|----------------|----------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

Why do you want to volunteer at Harvest Rural Feeding?

Have you at any time ever:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Been arrested for any reason?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Been convicted of or plead guilty or no contest to any crime?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Ever participated in, been accused of, convicted, or pled guilty or no contest of any sexual misconduct?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Had any traits or tendencies that could pose any threat to children, youth, or others?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Had any reason why you should not work with children, youth, or others?</i> |

References

List one former employer and another contact (pastor, teacher or mentor); references should not be a relative or peer. Provide them with the confidential reference form below along with a stamped envelope addressed to:

Harvest Rural Feeding, P.O. Box 29, Witter, AR 72776

Your references will send the form directly to us. It should not be returned to you.

| | |
|----------------------------|----------------------------|
| 1) Name: _____ | 2) Name: _____ |
| Position: _____ | Position: _____ |
| Phone: ____ - ____ - _____ | Phone: ____ - ____ - _____ |
| Email: _____ | Email: _____ |

Health Information

Name of person to contact in case of emergency: _____

Relationship: _____

Day Phone ____ - ____ - _____ Evening Phone ____ - ____ - _____

Alternate Person to contact: _____

Relationship: _____

Day Phone ____ - ____ - _____ Evening Phone ____ - ____ - _____

Insurance Co. Policy #: _____

Member name: _____

Allergies (Medications, foods, bee stings, etc.): _____

List any health conditions (Depression, Asthma, Diabetes, Special Diet, etc): _____

To the best of my knowledge, the above information is accurate and complete. I have full permission to participate in all activities and I am in good health.

In the event of an emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia or surgery. I give permission for the Director to administer over-the-counter or prescription medication as directed.

Signature: _____ Date: _____

Print Full Name: _____

I hereby certify that the information contained in this application and any attachments is true to the best of my knowledge and agree to have any statements checked by Harvest Rural Feeding unless I have indicated to the contrary. I authorize the references listed above to provide Harvest Rural Feeding any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties from all liability for any damage that may result from use of such information by Harvest Rural Feeding. I understand that any misrepresentation, falsification or material omission of information may result in my dismissal from service. I give permission for my picture to be included in videotapes, broadcast media and print media to be used in Harvest Rural Feeding publicity and promotional materials.

Applicant's Signature

Date
