

Do it for South Jersey!

Individual & Required Service Summer Feeding Volunteer Application

The Summer Food Service Program (SFSP) was established by the USDA to ensure that low-income children continue to receive nutritious meals when school is not in session. Free meals, that meet Federal nutrition guidelines, are provided to all children 18 years old and under at approved SFSP sites in areas with significant concentrations of low-income children.

**Volunteers must be 13 or older to participate. Site Monitors must be 18 or older. Youth under the age of 16 must be accompanied by an adult at all times and may be restricted from using certain equipment.*

Name: _____ Today's Date: _____

Date of Birth: ___/___/___ Parent/Guardian Name/Relationship: _____

(Required for ages 17 or younger)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (work) _____ (cell)

Email address: _____

Best time and method to contact you? () Day () Evening () Phone () Email

Please specify any mental or physical limitations: _____

Please list special skills or talents you'd like to share: _____

Why do you want to volunteer at this time? _____

Reason for required service: () School () Church/Synagogue () Parole () Probation () Other _____

List school, organization, or church that has requirement: _____

For probation or parole, list all offense(s): _____

For other reason, explain: _____

How many hours are you required to serve? _____ **By when:** _____ **Agency:** _____

Emergency Contact Information, not with you here today:

Emergency Contact: _____ Relationship: _____

Contact Phone: _____ (home) _____ (work) _____ (cell)

Family Information

For additional family members volunteering, please fill out the following: (Provide last name if different. Minimum age is 13.)

Name: _____ Birthdate*: ___/___/___ Relationship: _____

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What time of the day/week are you available?

() Mon-Fri at Food Bank of South Jersey

() Morning [9:00 -11:30am] () Afternoon [12:30-3:00pm]



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www.foodbanksj.org

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Offsite

Site Monitoring [Flexible]

Virtua Kitchen [9-11:30/12:30-3pm]

Do you prefer to work with: Other Volunteers Food Bank staff Public Alone

Would you like to receive information about upcoming events, opportunities and our newsletter? Y N

***All adults 18 & older must sign the consent waiver & release of liability agreement below.**

Volunteer Agreement:

In signing this liability waiver, I certify that I am a willing participant in the Food Bank of South Jersey volunteer program. I agree to work according to instructions I receive. I agree to behave in a responsible manner. I agree to perform only work that I feel comfortable in doing and that I feel I can accomplish safely. I agree, I am wearing clothes and close toe shoes that I believe will provide protection according to the work conditions. I will not use cell phone or earphones, run, eat or drink in the warehouse. I will yield to forklift traffic and not wander in unsafe areas. I will abide by all the Volunteer Guidelines and instructions given by FBSJ staff.

Permission – Use of Photographs:

I grant permission to use individual and group volunteer photographs, films and videos of me/child(ren) for promotional or other used to further the mission of the Food Bank of South Jersey, including the use on the FBSJ website, Facebook, Twitter, etc.

Acknowledgement and Assumption of Risk:

I recognize that the opportunity to participate in the Food Bank of South Jersey volunteer program may involve physical labor and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation. I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless the Food Bank of South Jersey, its officers, directors, employees and agents.

Consent:

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

Signature(s): _____ Date: _____
_____ Date: _____
_____ Date: _____

Parental Consent (required of all volunteers 17 years of age or younger):

I, the undersigned, as the parent or legal guardian of the child/children named herein, do hereby agree to the above consent, waiver and release of liability agreement above and allow my child/children to participate as a volunteer for the Food Bank of South Jersey. I also agree to attend, stay, supervise and be responsible for my child/children that are under 16 years of age.

Signature of Parent or Guardian: _____ Date: _____

Please review these guidelines and safety rules carefully before signing the waiver and release.

Please, return this form to Volunteer Dept. Volunteers@foodbanksj.org 856-662-4884 x160

Thank you for taking the time to give us some information about yourself. Once we receive your application, we will contact you to invite you to volunteer orientation (2nd Wednesday of Month, must RSVP).



The Food Bank of South Jersey exists to provide an immediate solution to the urgent problem of hunger by providing food to needy people, teaching them to eat nutritiously, and helping them to find sustainable ways to improve their lives.