



ADULT VOLUNTEER ACKNOWLEDGEMENT/COMMITMENT FORM

CONTACT INFORMATION

Last Name: _____ First Name: _____
Address: _____ City/Zip: _____
E-Mail Address: _____ Phone/Extension: _____

VOLUNTEER WORK HISTORY

Please list Volunteer Work History:

Employer: _____
Volunteer Job Title: _____
How Long: _____
Reference: _____

Employer: _____
Volunteer Job Title: _____
How Long: _____
Reference: _____

Employer: _____
Volunteer Job Title: _____
How Long: _____
Reference: _____

Volunteer Area Choice

Committee/Board Positions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Fundraising Coordinator | <input type="checkbox"/> Food Pantry Manger | <input type="checkbox"/> Food Prep |
| <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Committee Member | <input type="checkbox"/> Celebrate Recovery |
| <input type="checkbox"/> The Landing | <input type="checkbox"/> Celebration Place | <input type="checkbox"/> Long-Term Planning |

Other Volunteer Opportunities:

- | | | | |
|--|---|----------------------------------|--|
| <input type="checkbox"/> Food Prep | <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Cooking | <input type="checkbox"/> Rotating Freezers |
| <input type="checkbox"/> Fundraising Event Setup Crew | <input type="checkbox"/> Fundraising Event Breakdown Crew | | |
| <input type="checkbox"/> Food Pickup and Drop-off (Truck, proof of insurance, and driver's license required) | | | |

VOLUNTEER AVAILABILITY

Monday Hours: _____
 Tuesday Hours: _____
 Wednesday Hours: _____

Thursday Hours: _____
 Friday Hours: _____
 Saturday Hours: _____

Sunday Hours: _____
 How Often: Weekly bi-weekly monthly
 How Long: 1 month 3 months 6 months 9 months 1 year

VOLUNTEER COMMITMENT

BEFORE you make any commitments, please ensure the days and hours you choose to volunteer are convenient for you.

Please read the following statements carefully and sign below:

1. I agree to make a commitment to volunteer (circle one) weekly/monthly for a minimum of _____ hours.
2. I understand that I am expected to be prompt in reporting for my assignments on the day(s) and hours which I have been assigned. I shall notify my supervisor/designee prior to the scheduled starting time if unable to be present, and am aware that two unexplained absences will be grounds for termination from the program. I shall notify my supervisor and the Volunteer Services Program two weeks prior to the end date.
3. I understand that my services to *Faith Works Community Outreach* are entirely voluntary, and that I have not been promised nor do I expect compensation for my services. These services are for charitable or humanitarian objectives as well as for my personal purpose.
4. I am not economically dependent on *Faith Works Community Outreach* for food, shelter, clothing or pharmacy supplement benefits/services.
5. I will abide by the rules of the organization regarding safety, confidentiality, infection control and conduct.
6. I further understand and agree that *Faith Works Community Outreach* may discontinue my service at any time, with or without cause, and without prior notice.

IMPORTANT: Volunteers who do not adhere to the policies of *Faith Works Community Outreach* or who fail to satisfactorily perform their volunteer duties are subject to dismissal. Possible grounds for dismissal may include, but are not limited to: misconduct, insubordination, not adhering to the proper dress code, being under the influence of alcohol or drugs, theft of property or misuses of equipment or material, abuse or mistreatment of clients, facility, or other volunteers, and failure to abide by any *Faith Works Community Outreach* policies and procedures.

Applicant's Signature: _____

Date: _____