



Volunteer Application

TODAY'S DATE: ___/___/___

(Personal Information) Name: _____

Preferred Pronouns: _____ Preferred Name: _____

Organization: _____ Phone: _____

Mailing Address: _____

City/Zip Code: _____

Date of Birth: _____ Email address: _____

Can we send you our newsletter via: ___ EMAIL OR snail mail ___?

(Emergency Contact) Name: _____

Phone: _____ Relationship to you: _____

(Availability) *The Flathead Food Bank is open to volunteers:*

Monday, Tuesday & Thursday 8am-5pm. Wednesday 8am-6pm.

When are you available to volunteer? _____

Do you have any physical limitations? (i.e. lifting, bending, standing) Y/N

If yes, please explain: _____

Can you help on special days like our food drive or a weekend event? Y/N

Do you need community service? Y/N

If so, how many hours do you need? _____ By DATE _____

United Way Member Agency Coverage

In consideration of the opportunity afforded me to assist on a voluntary basis for Flathead Food, and in light of the aims and purposes of the community service provided, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Flathead Food Bank and the United Way Volunteer Center, Northwest Montana United Way, or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities in this project.

Volunteer Signature

Today's Date: ___/___/___

(office use only)

Notes: _____

