



Community Food Bank of Eastern Oklahoma
1304 N. Kenosha Avenue Tulsa, OK 74106
Phone 918-585-2800 Fax 918-585-2862
Website: www.cfbeo.org

VOLUNTEER APPLICATION FORM

*This application is for **first-time** volunteers only.*
For those interested in volunteering, please contact Kate Pelizzoni
at kpelizzoni@cfbeo.org before coming to the Food Bank.

Last Name	First Name	Middle Name
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Mr. Ms. Mrs. Miss Dr. Preferred nickname: _____

Home address:

Street Address	Apartment Number	
City	State	Zip Code

Is anyone else at this address a volunteer here? No Yes If yes, give name(s) _____
Have you ever volunteered with us before? No Yes If yes, in what year? _____

Home Phone: ()	Business Phone: ()	Cell Phone: ()
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Fax Number: ()	E-mail Address:
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I prefer to receive calls at: Home # Business # Cell # Any #

Date of Birth:

Month:	Day:	Year:	Spouse's name:
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I am volunteering with (Group Name):	I am a sponsor for (Group Name):
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Emergency Contact:	Emergency Phone Number:	Other Emergency Number:
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How did you find out about our program? _____

If student, name of school currently attending:

Grade/Class:

If employed, name of employer:

Employer's address:

City, State

Zip Code

- My employer offers a time-off program for volunteers.
- My employer offers a donation matching program.

Please check the times you are usually available for a volunteer assignment:

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

Areas in which I am interested in volunteering:

- Warehouse
- Building Maintenance
- Office/Clerical Work
- Culinary Center
- Pick Vegetables
- Special Events
- Sorting/Repacking Food
- Bulk Mailings
- Agency Monitoring
- Data Entry

RELEASE OF LIABILITY

The undersigned individual will be engaged in volunteer service in the form of special events, warehouse, office and related duties for Community Food Bank of Eastern Oklahoma ("CFBEO"). This participation is voluntary on the part of the individual, who hereby releases CFBEO, its director, employees, agents, Board of Directors, predecessors, successors, assigns, representatives, attorneys, subsidiaries, and affiliates; and all persons acting by, through or in connection with any of them from any and all claims, liabilities, damages, losses, demands, and actions of any nature whatsoever arising out of the individual's participation in such duties. Such release extends to any injury, damage, loss, or liability incurred by the individual while engaged in such duties, whether occurring on or off the premises owned or operated by CFBEO.

Signature

Date

Signature of parent or guardian if volunteer is under 16 years of age

<p>For office use only: Additional Information Form Y___ N___ Vol. ID#_____</p> <p>Date entered:_____ Initials of interviewer:_____</p>
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