

**Guilford Food Bank  
45 Stone House Lane  
Guilford, CT 06437**

**APPLICATION FOR VOLUNTEERS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

E-mail address: \_\_\_\_\_

If you are a student, please list grade and school: \_\_\_\_\_

Please indicate where you would like to serve and how many times per month:

- |   |   |
|---|---|
| <input type="checkbox"/> Food Intake & Organization (Fridays 9 am – 12 noon)    | <input type="checkbox"/> Food Drive Organization (May & Sept/Oct annually)                            |
| <input type="checkbox"/> Food Distribution (Fridays 2:45 pm – 4:30 pm)          | <input type="checkbox"/> Food Drive Participation (May & Thanksgiving/Christmas Holidays annually)    |
| <input type="checkbox"/> Food Distribution (Saturdays 8:45 am – 11 am)          | <input type="checkbox"/> Food Bank Administrative Paperwork (at GSS)                                  |
| <input type="checkbox"/> Food Procurement (flexible hours at your convenience)  | <input type="checkbox"/> GFB veggie garden at Community Garden (flexible hours – spring through fall) |
| <input type="checkbox"/> GFB Media Contact (flexible hours at your convenience) |   |

**STATEMENT OF CONFIDENTIALITY: NO information shall be disclosed or discussed concerning a Guilford Food Bank recipient by any Guilford Food Bank employee or volunteer.**

Please supply two references (name, phone number, address and relationship) who would provide a character reference (not a family member):

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**VOLUNTEER WAIVER RELEASE**

The undersigned hereby agrees to voluntarily help in the activities involved in running the Guilford Food Bank and keep confidential the identity and information of all Guilford Food bank recipients.

I agree to provide my own transportation in carrying out these activities and agree to obtain my own automobile insurance, hereby agreeing to waive and release Guilford Interfaith Ministries, Inc. and the Town of Guilford from any claims arising from my activities with the Food Bank.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return application to: Guilford Social Services, 263 Church Street, Guilford, CT 06437

**WOULD YOU LIKE FOR US TO REFERENCE YOUR VOLUNTEER REQUEST FOR:**

- |   |  |
|---|--|
| GUILFORD INTERFAITH MINISTRIES MEALS ON WHEELS?     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| GUILFORD INTERFAITH MINISTRIES FRIENDLY VISITING?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| GUILFORD INTERFAITH MINISTRIES CHARLIES' CLOSET?    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| GUILFORD SOCIAL SERVICES GENERAL OFFICE ASSISTANCE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |