



COURT MANDATED FOOD BANK VOLUNTEER APPLICATION
Please Complete in Full

NAME: _____ PHONE: (day) _____ (eve) _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Are you 18 years of age or older? Yes No

EMERGENCY CONTACT

Name: _____ Phone: _____

AVAILABILITY

How many hours per week will you be able to volunteer in the Food Bank? _____

How many hours total do you need to complete? _____

During which days might you be available to volunteer?

Tuesdays Thursdays Fridays 3rd Saturdays

I was referred by the _____ Court System.

Briefly describe what your offense was:

_____ (date).

I understand that I cannot begin my community service until I have submitted my court papers.

Applicant's signature: _____ Date: _____

Please send your application to Kat Johnson, FamilyWorks Volunteer Coordinator, 1501 N 45th St Seattle, WA 98103-6708, email: kathrynj@familyworksseattle.org, FAX: 206-694-6777, or call with any questions at 206-576-6534.

Comments: _____

START DATE __/__/__ FINISH DATE __/__/__ SHIFT: _____ # Hours Completed: _____

COURT PAPERWORK RECEIVED DATE OF COMPLETION LETTER _____



Confidentiality Policy

It is important that all information regarding FamilyWorks' participants and employees be treated with great confidentiality to ensure a safe and respectful working environment.

Please do not discuss personal information about clients or staff with anyone outside of the center. Do not give out information such as addresses or phone number to anyone without staff authorization. If you are working on a staff member's computer, do not access any files that do not directly relate to your project.

I have read the volunteer job responsibilities and expectations and the confidentiality policy and I agree to abide by them.

Signature

Date

