



YOUTH VOLUNTEER APPLICATION

Mail Completed Application to:

Volunteer Coordinator
Akron-Canton Regional Foodbank
350 Opportunity Parkway
Akron, Ohio 44307-2234

330.535.6900 Fax 330.996.5337
www.akroncantonfoodbank.org

School _____

Name _____ Date of Birth ____/____/____ Age _____

Address _____ Male _____ Female _____

City _____ County _____ Zip _____

Home Phone (____) _____ Email _____

Parents/Legal Guardians:

Name _____ Home Phone (____) _____

Address _____ Work Phone (____) _____

City _____ State _____ Zip _____

Indicate Day(s) and Time(s) You are Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

If volunteering w/ your "School", may we contact you for individual volunteer opportunities in the future? _____ Yes _____ No

Are you interested in volunteering regularly or only as needed? _____ Regular _____ As Needed

How did you hear about the Akron-Canton Regional Foodbank and our volunteer opportunities?
(Check any or all that apply)

___ Church ___ Paper ___ Friends ___ Volunteer Ctr ___ Work ___ Radio ___ Info Line ___ Other

Some volunteer opportunities require standing for long periods of time and/or lifting up to 20 lbs. Would these opportunities be a problem for you? (Please check one)

_____ Yes _____ No

(Over)

Volunteer opportunities at the Akron-Canton Regional Foodbank vary by day, time, location and job duties. Please check any and all you would be interested in:

_____ Warehouse _____ Office _____ Special Events (on & off-site)
_____ Speakers Bureau _____ At Home _____ Special Projects (as needed)

Have you volunteered at other organizations? _____ Yes _____ No If yes, where?

*Have you ever been convicted of a felony? _____ Yes _____ No

*If Yes, please state the type of offense and when it occurred: _____

**Please note: A criminal record will not necessarily prevent an applicant from being a volunteer; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.*

In case of an emergency contact:

Name _____ Phone (____) _____

Relationship _____ Alternative Phone (____) _____

Please provide (2) character references (employment, social, or volunteer related) DO NOT list relatives.

Name _____ Phone (____) _____ Relationship _____

Name _____ Phone (____) _____ Relationship _____

I authorize the contact of listed references and I understand that the misrepresentation or omission of any information requested is grounds for non-appointment and/or dismissal as an Akron-Canton Regional Foodbank volunteer.

All Information Gained From This Application Will Be Considered Confidential
Akron-Canton Regional Foodbank Waiver & Agreement

I (we) _____, parent(s) or guardian(s) of

_____, a minor, do hereby authorize and consent to the named child serving as a volunteer at the Akron-Canton Regional Foodbank and do hereby for myself, my heirs and assigns, waive any and all claims for damages or injuries I (we) may or will have against the Akron-Canton Regional Foodbank, or any agent, employee, volunteer or representatives of either for any and all injuries or damages suffered by said minor while traveling to or from, while on the premises of, or while participating in any activities of the Foodbank at any location and further agree to indemnify and hold harmless those parties from any claims whatsoever made by or on behalf of said minor child. I (we) understand that the completion of this application does not guarantee placement within the volunteer program.

Parent/Legal Guardians Signature

Date

Youth Volunteer Signature

Date