Ionia County Community Food Network
Volunteer Application

IONIA COUNTY
COMMUNITY FOOD NETWORK

Personal Contact Information

Last Name_____ First Name _____MI_____

Organization _____ Phone:_____

Email: _____ hm/wk (circle one)

Telephone Home: _____Cell: _____Fax: _____

Background Check

A background check may be done if you will be responsible for supervising youth. If you have any issues please let us know. You may still be able to volunteer in situations without youth.

Date of Birth: _____ Drivers License _____
Have you ever been convicted of a felony? ☐**Y** ☐**N** misdemeanor? (other than traffic violations) ☐**Y** ☐**N**
If yes please explain: _____

Health information

Do you have any personal health issues that would impact your ability to volunteer? ☐**Y** ☐**N**
(For example allergies, medication issues, disabilities, special needs, or being treated for a medical condition)
If yes, please either list here or speak personally with the Volunteer Coordinator: _____
_____

Emergency Contact: Name_____Phone#_____Relationship_____
Emergency Contact: Name_____Phone#_____Relationship_____

Experience (please let us know if you have experience in these areas)

Gardening:_____

Youth: _____

Food Handling: _____

Food Distribution: _____

Other: _____

Release of Liability

I hereby certify that all information shown above is accurate and true and I understand that I am applying for an at-will volunteer position and that this is not an application for, or contract for employment. This position can be terminated by myself or ICCFN at anytime, with or without cause, and with or without notice.

I understand that my participation with ICCFN and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated with the Ionia County Community Food Network may include activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Ionia County Community Food Network from all liability for injury, illness, death, and/or property damage that may result.

I release the ICCFN and all employees or agents from any and all liability for the use of, and give my express purpose for the use of any image generated which includes myself or any of my family members for public relations purposes including, but not limited to, articles, brochures, videos, TV, internet, newspaper, and magazine advertisements, Internet Images, and all other web site usage.

_____ _____ _____
Signature of participant Signature of parent or guardian, if volunteer is not of legal age Date