

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Female Male Other

*Email Address: _____

*Cell Phone: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Racial/Ethnic:

- African American
- Asian/ Pacific Islander
- Caucasian
- Hispanic/ Latino
- Native American
- Other

Marital Status:

- Single
- Married
- Divorced
- Widowed
- Other

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

Company/Organization Name: _____

Address: _____

Job Title: _____

Tell us briefly about your professional/ work experience.

Note:
An **email address** and **cell phone number** are required as these are the primary modes of communication.

VOLUNTEER INTERESTS

Please check any of the volunteer positions at Healing Meals that you are interested in.

- Delivery Angel
- Education program assistant*
- Food procuring/ pick up/ cleaning*
- Gardening
- Light cooking/ food prep
- Mentor chef
- MS Office/ data entry*
- Publicity/ outreach/ promotion*
- Supplemental product making
- Working special events*

Our kitchen is located at AuerFarm (158 Auer Farm Road, Bloomfield, CT)

Wednesday shifts are from 11:30am–1:30pm (prep) and 3:00pm - 6pm (cooking).

Thursdays the shift is from 3pm–5:00 pm (packaging). Delivery Angel pickup is 4:45pm - 5:15pm on Thursdays.

** Date and times may vary*

To volunteer IN THE KITCHEN, you must be able to work the entire shift, i.e. prep, cook, or packaging.

What days and times are you able to volunteer?



EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Relationship: _____

Home Phone: _____ Cell Phone (*required*): _____

Home Address (If different from volunteer):

Email Address: _____

ALLERGIES/MEDICAL CONDITIONS - Do you have any allergies to food, medications, insects, etc.?

Yes No

If yes, please list above and include protocol

MEDICAL CONDITIONS: PLEASE EXPLAIN

CRIMINAL HISTORY

Have you ever been convicted of any criminal offense other than the following: minor traffic violation (fine under \$500) or offenses settled in juvenile court/ welfare youth offender law.

Yes No

If yes, please explain: _____

VOLUNTEER EXPERIENCE

Tell us briefly about your volunteer experience.

Do you speak other languages? If so, which? _____

Is there anything else you want to tell us about yourself? _____

How did you hear about Healing Meals Community Project?

- Friends or family
- Heard/read about in on Facebook/ TV/ Newspaper/ Radio
- Healthcare providers
- Other: _____

What motivated you to volunteer? Check all that apply.

- To learn about healthy foods
- A friend or family member was sick and helped by Healing Meals
- I have been through a serious illness or had cancer
- I received meals from Healing Meals
- My friend works/volunteers at Healing Meals
- I have free time and wanted to volunteer
- I wanted to be more involved in my community
- Other: _____

What do you hope to learn or experience?

- About healthy foods
- Why food makes a difference in health
- Get support for improving my diet
- Have more community in my life
- Give back to my community
- Other: _____



VOLUNTEER COMMITMENTS

Thank you for volunteering with Healing Meals Community Project. We are committed to providing you, as a Healing Meals volunteer, with a rich experience and in finding a volunteer position that meets Healing Meals' needs and is a good fit for you.

- I, _____, agree to keep all client information or otherwise private information of Healing Meals Community Project confidential.
- I understand the importance of my attendance at Volunteer Trainings, held three times a year, is required in being a volunteer with Healing Meals Community Project.
- I will do my best to communicate with the position coordinator or volunteer manager and will give at least two weeks' notice if I will not be able to fulfill my obligations.
- I understand that Healing Meals Community Project is an evolving organization. Healing Meals is committed to a culture of openness, warmth and understanding as we nurture each other, our clients and the larger community. We depend on all staff and volunteers to reflect this in our work together, and invite you to offer suggestions/ feedback anytime as well as through our annual volunteer survey.

Volunteer Signature _____ Date _____

Print Name _____

VOLUNTEER AGREEMENT & RELEASE FROM LIABILITY

1. I, _____, agree to work for Healing Meals Community Project as a volunteer.
2. As a volunteer, I understand that I control the dates and times when I do the work, and that Healing Meals Community Project is not responsible for scheduling my volunteer work. I also understand I will not be compensated for anytime spend volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participate as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Healing Meals Community Project, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against Healing Meals Community Project or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors. I hereby release Healing Meals Community Project and its offices, employees, agents and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now have, or may have in the future, for injury or damage resulting from my participation in the project.
5. I understand that if I am injured in the course of the project, I am not covered by Healing Meals Community Project's insurance. I authorize Healing Meals Community Project to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be response for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Healing Meals Community Project are and remain the property of Healing Meals Community Project, and I agree to return these tools and any remaining materials to Healing Meals Community Project at the end of my volunteer service.
7. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Volunteer Signature _____ Date _____

Print Name _____



PHOTO RELEASE

As a non-profit social benefit organization, Healing Meals Community Project depends on donations from individuals, businesses, organizations and foundations to support our work. Sharing stories about our programs and their impact is vital to our ability to raise funds. We ask for your partnership in this effort by signing the following photo release.

Video, Photographic, Internet Release Agreement

The undersigned enters into this agreement with Healing Meals Community Project. I have been informed and understand that Healing Meals Community Project may wish to use my own and/or my child's first name, likeness and speech in its printed and/or electronic communication materials (brochures, videos, websites, social media, etc.)

I grant Healing Meals Community Project and its designees the right to use such images and information. This grant includes the right to edit, mix or duplicate and to use or re-use the images in whole or in part and in any manner as Healing Meals Community Project in its sole discretion may elect. Healing Meals Community Project or its designee shall have complete ownership of the images and any printed materials, video programs and web content (i.e. material accessible over the internet) in which images may appear.

I also grant the right to broadcast, exhibit and otherwise distribute images as well as printed materials, video programs and/or web content either in the whole or in part, and either along of with other products.

I confirm that I have the right to enter into this Agreement; that I am not restricted by any other commitments to third parties; and that Healing Meals Community Project has no financial commitment or obligations to me as a result of this agreement.

I hereby give all clearances, copyright and otherwise, for the use of such images, and I expressly release Healing Meals Community Project and its officers, employees, agents and designees from any and all claims known or unknown arising out of or in any way connected with the above uses and representations.

The rights granted Healing Meals Community Project herein are perpetual. I hereby acknowledge receipt of reasonable and fair consideration.

Volunteer Signature _____ Date _____

Print Name _____

No, I would like to opt out. This photo release will supersede any previous releases on file.



Your completed application along with a copy of:

- Your current Driver's License
- Your current Car Insurance

can be submitted to:

Healing Meals Community Project
P.O. Box 7223
Bloomfield, CT 06002

OR electronically to:

chrissy@healingmealsproject.org

Upon receipt of your application, you can expect to receive an email from Chrissy Barnard, our Volunteer Manager. This email will not only acknowledge receipt of your application, but include instructions for obtaining a background check. It is our policy to have all Adult Volunteers commit to a background check for the safety of our Youth Volunteers. Once the background check has been completed, you will receive a follow up email with the volunteer schedule.

If you have any questions regarding this application and/or next steps, please feel free to contact Chrissy Barnard, at chrissy@healingmealsproject.org.

We thank you in advance for volunteering. Without our volunteers, none of this is possible. We are forever grateful for your time, energy and commitment.