



Helping Hands Volunteer Application

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

ZIP: _____ PHONE: _____ CELL: _____

E-MAIL: _____ BEST WAY TO CONTACT: _____

EMERGENCY CONTACT: Name/Relationship : _____ Phone _____

CHURCH AFFILIATION: (Please check (√))

Sunset Presbyterian ____ other ____: Please list here _____

None _____

POSITION(S) OF INTEREST: (Check any that are of interest)

- | | | | |
|-----------------------|--------------------------|--------------------------------|--------------------------|
| Donations Sorting | <input type="checkbox"/> | Shopping Assistant | <input type="checkbox"/> |
| Food Pantry Stocking | <input type="checkbox"/> | Food Inventory Assistant | <input type="checkbox"/> |
| Security & Assistance | <input type="checkbox"/> | Driver – Food & Misc. Pickup | <input type="checkbox"/> |
| Clothing Organizing | <input type="checkbox"/> | Greeting / Reception | <input type="checkbox"/> |
| Food Drive Helper | <input type="checkbox"/> | Empty Donation Bins & Delivery | <input type="checkbox"/> |

TIMES YOU ARE AVAILABLE: (Please circle all that apply)

Weekdays Mon Tue Wed Thu Fri (mornings) (afternoons) (evenings)

Weekends (Saturday mornings)

PAST EXPERIENCE & MOTIVATION: Please list any relevant experience with helping to meet physical needs of the community and say what motivates you to be involved with Sunset’s Helping Hands

OTHER LANGUAGES SPOKEN: (Not a requirement) _____

PERSONAL REFERENCES: Please list two references who could recommend you.
(Name) / Best Way to Contact: (phone or e-mail)

1. _____

2. _____

Please complete other side of this application →

Helping Hands Volunteer Application - Side 2

Volunteer Confidentiality and Non-Discrimination Agreement

This agreement is required by the Oregon Food Bank of all volunteers who will be serving with Food Pantry clients. For volunteers serving during non-open pantry times, completion of this client confidentiality and non-discrimination agreement is voluntary.

As a volunteer at **Sunset Presbyterian Helping Hands** you may encounter people from the community who you know or you may have access to records of the people receiving food assistance. It is the policy of this organization that all information about clients is strictly confidential and stays within the walls of the organization. Also, to protect the privacy and dignity of the people we serve, any information or knowledge you may have about a client's life or situation is not to be brought to the attention of other volunteers.

By signing below, **you acknowledge and affirm** your intent to keep all information regarding clients confidential and that you agree that you will not share any information about clients outside the organization.

In addition to protecting the confidentiality of the people you serve, **you agree not to discriminate against anyone on the basis of race, color, national origin, sex, religion, age or disability.**

Date: _____
Printed Name: _____
Signature: _____

Return Completed Application to:

Sunset Presbyterian Church
14986 NW Cornell Rd.
Portland OR 97229
Attention: Helping Hands