



## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_

Have you ever volunteered before?      YES    NO  
              When/Where? \_\_\_\_\_

Have you ever been convicted of a felony?      YES    NO  
       

If yes, explain: \_\_\_\_\_

### Times & Areas of Service

**Volunteer opportunities vary depending on the time in which one wishes to serve. Each area has multiple opportunities.**

#### 2<sup>nd</sup> & 4<sup>th</sup> Friday Feed Craven Food Distribution

Warehouse	Lobby	Sanctuary	Parking Area
Must be at least 16 y/o			Must be at least 18 y/o
<b>11 AM – 3 PM</b>	<b>4:00 PM – 4:30 PM</b>	<b>4:00 PM – 4:30 PM</b>	<b>4:00 PM – 6:00 PM</b>
Sort and Bag produce	Setup	Setup	Direct Parking
Cleanup			
	<b>5:00 PM – 8:30 PM</b>	<b>5:00 PM – 8:30 PM</b>	<b>5:00 PM – 8:30 PM</b>
<b>6:30PM – 8:30 PM</b>	Converse With Guests	Converse With Guests	Converse With Guests
Fill grocery carts	Registration Desk	Worship Team	Intercessory Prayer
Cleanup	Intercessory Prayer	Intercessory Prayer	Unload Shopping Carts
	Cleanup	Cleanup	Cleanup

#### Tuesday Before The 2<sup>nd</sup> & 4<sup>th</sup> Friday Distribution

6:00-8:00 PM    Sort and bag groceries

## Requirements

Please answer the following YES/NO question with a circle.

Are willing to have special training to meet TEFAP requirement? **YES/NO**

Volunteers must wear closed toe shoes and modest clothing. Are you willing to meet those requirements? **YES/NO**

Are you willing to attend the required quarterly training session for Feed Craven Volunteers? **YES/NO**

Volunteers under 16 years old must be accompanied by their parent/guardian. Are you at least 16 years old? **YES/NO**

Volunteers under 18 years old cannot accompany carts into the parking lot unless they are with their parent/guardian. Are you at least 18 years old? **YES/NO**

Can you lift 20lbs. or more? **YES/NO**

Can you lift 50lbs. or more? **YES/NO**

Can you stand for extended lengths of time? **YES/NO**

Do you have any health conditions that may interfere with your volunteering? **If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## In Case of Emergency, Notify:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a volunteer opportunity, I agree to follow all of Feed Craven's rules and requirements. I also agree to treat every guest in a fair, dignified, and non-discriminatory way.*

*I understand that this is a Christian outreach ministry through The Church @ New Bern (to the Craven County, NC community and beyond). I will conduct myself according to the principles of the Christian faith.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/guardian of minor volunteer, please sign below.**

**By signing below, you are giving consent for your minor child to volunteer at Feed Craven.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

**Photo/Video Release**

By signing below, I consent for my photos/video taken of me (and photos/videos taken of my minor children) to be used on Feed Craven and/or The Church @ New Bern social media, media news, printed materials, and any other marketing/publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian of minor volunteer, please sign below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Release**

I agree to hold The Church at New Bern/Feed Craven and its team members free from any and all liability, loss or damage of any kind that may arise as a result from my involvement with The Church at New Bern/Feed Craven.

**I have read the above disclaimer and release of liability and understand and agree with it and have executed it as my free and voluntary act.**

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Witness and/or Parent Signature Date

*(Anyone under 18 years of age must have their parent's permission to volunteer at Feed Craven.)*