



**Northern Illinois  
Food Bank**

**delivering food assistance  
to your community**

# Volunteer Information Form

## Lake County Branch

(Please Print Legibly)

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_, IL ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**YES, SIGN ME UP FOR HUNGERBYTES,  
A BI-MONTHLY E-NEWSLETTER**

**YES, SIGN ME UP FOR THE QUARTERLY  
VOLUNTEER E-NEWSLETTER**

EDUCATION BACKGROUND: \_\_\_\_\_

SOCIAL, CIVIC, CONGREGATIONAL INVOLVEMENT: \_\_\_\_\_

OTHER EXPERIENCE, SKILLS, HOBBIES: \_\_\_\_\_

WHAT SKILLS/ABILITIES DO YOU WISH TO UTILIZE IN YOUR VOLUNTEER EXPERIENCE? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR ARE YOU UNDER ANY COURSE OF TREATMENT WHICH MIGHT LIMIT YOUR ABILITY TO PERFORM CERTAIN TYPES OF WORK? \_\_\_ No \_\_\_ YES

IF YES, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT NORTHERN ILLINOIS FOOD BANK? \_\_\_\_\_

WHEN ARE YOU USUALLY AVAILABLE TO WORK (PLEASE CHECK APPROPRIATE DAY/S AND TIME/S):

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

MORNINGS

AFTERNOONS

EVENINGS

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**Lake County Branch**

**WHAT AREAS OF NIFB VOLUNTEERING MIGHT YOU LIKE TO GET INVOLVED IN?**

- |   |   |
|---|---|
| <input type="checkbox"/> DRIVER ( <input type="checkbox"/> CDL OR <input type="checkbox"/> Non-CDL) | <input type="checkbox"/> EXPRESS STAMP PROGRAM        |
| <input type="checkbox"/> FOOD RECOVERY  | <input type="checkbox"/> FOOD RESCUE                  |
| <input type="checkbox"/> MAINTENANCE  | <input type="checkbox"/> MEAT EVALUATION & PROCESSING |
| <input type="checkbox"/> MOBILE PANTRY ASSISTANT  | <input type="checkbox"/> OFFICE ASSISTANT             |
| <input type="checkbox"/> SPEAKER'S BUREAU   | <input type="checkbox"/> SPECIAL EVENT COMMITTEE      |

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**POTENTIAL DRIVERS:**

DO YOU HAVE ACCESS TO AN INSURED AUTOMOBILE YOU CAN USE FOR VOLUNTEER WORK?  YES  NO

IF YES, WHAT IS THE MAKE AND MODEL OF YOUR AUTOMOBILE? \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE?  YES  NO

I UNDERSTAND THAT A MOTOR VEHICLE DRIVING RECORD CHECK WILL BE PERFORMED FOR THE VOLUNTEER POSITION OF DRIVING.  
I ALSO UNDERSTAND THAT INFORMATION COLLECTED DURING THIS BACKGROUND WILL BE LIMITED TO THAT WHICH IS NEEDED IN  
DETERMINING MY SUITABILITY FOR PARTICULAR TYPES OF VOLUNTEER WORK AND ALL SUCH INFORMATION WILL BE KEPT  
CONFIDENTIAL.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO FILL THIS OUT, IT WILL HELP US KNOW YOU BETTER.**  
**WE LOOK FORWARD TO WORKING WITH YOU!**

# Volunteer Consent Form

I UNDERSTAND THAT VOLUNTEERING AT THE NORTHERN ILLINOIS FOOD BANK MAY INVOLVE WORKING IN WAREHOUSE CONDITIONS AND CAN SOMETIMES INCLUDE, BUT IS NOT LIMITED TO, LIFTING, WORKING AROUND HEAVY MOVING EQUIPMENT, AND HANDLING FOOD PRODUCTS. I AM EXPECTED TO FOLLOW SAFETY RULES AND ALL OTHER RULES RELATED TO THE WAREHOUSE (I.E. OPEN-TOED SHOES ARE NOT ALLOWED). I HEREBY ACCEPT AND ASSUME FULL RESPONSIBILITY FOR ANY INJURY I MIGHT SUFFER WHILE VOLUNTEERING AT NORTHERN ILLINOIS FOOD BANK.

## **FOR MINORS:**

IN THE EVENT OF AN INJURY, THE PARENT/GUARDIAN AUTHORIZES FOOD BANK STAFF TO SEEK TREATMENT FOR MINOR VOLUNTEERS (LESS THAN 18 YEARS OF AGE) AND TO TAKE OTHER ACTION SHOULD A MEDICAL EMERGENCY ARISE AND WAIVE AND RELEASE MY RIGHT FOR DAMAGES.

THE NORTHERN ILLINOIS FOOD BANK WILL TAKE ALL PRECAUTIONS TO PROVIDE AND MAINTAIN A SAFE ENVIRONMENT FOR ITS VOLUNTEERS. MINOR VOLUNTEERS ARE EXPECTED TO FOLLOW SAFETY RULES AND ALL OTHER RULES RELATED TO THE WAREHOUSE. THE FOOD BANK ACCEPTS NO LIABILITY FOR MINOR VOLUNTEERS WHO LEAVE THE FOOD BANK PROPERTY WITHOUT PARENTAL OR GUARDIAN CONSENT.

## **AUTO INSURANCE:**

I SHALL NOT OPERATE A PERSONAL VEHICLE FOR VOLUNTEER ACTIVITIES UNLESS I HAVE AT LEAST THE MINIMUM AMOUNT OF LIABILITY INSURANCE REQUIRED BY ILLINOIS LAW.

## **PHOTO RELEASE:**

I HEREBY GIVE THE NORTHERN ILLINOIS FOOD BANK PERMISSION TO COPYRIGHT AND/OR USE, REUSE AND/OR PUBLISH AND/OR REPUBLISH PICTURES OR IMAGES OF ME FOR THE PURPOSE OF ILLUSTRATION, ADVERTISING, AND PROMOTING THE AGENCY THROUGH ANY MEDIUM.

I ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE ABOVE CONSENT FORM ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_.

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VOLUNTEER'S SIGNATURE

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PARENT'S/GUARDIAN'S SIGNATURE  
(FOR VOLUNTEERS UNDER 18 YEARS OF AGE)

**Directions to the  
Northern Illinois Food Bank  
Lake County Branch  
473 Keller Drive, Park City, IL 60085  
847-336-3663**

***FROM THE NORTH:***

1. SOUTH ON US 41 SOUTH (PAST IL 132/GRAND AVENUE) TO THE WASHINGTON STREET EXIT
2. LEFT (EAST) ON WASHINGTON STREET
3. RIGHT (SOUTH) ON OLD SKOKIE ROAD TO THE PARK CITY BUSINESS DISTRICT
4. RIGHT (WEST) ON KELLER DRIVE
5. FOLLOW KELLER DRIVE AROUND THE BEND TO THE LEFT
6. THE FOOD BANK IS THE BROWN NEXT-TO-LAST BUILDING ON THE LEFT

***FROM THE SOUTH:***

1. NORTH ON US 41 (PAST IL 137/BUCKLEY ROAD) TO THE WASHINGTON STREET EXIT
2. RIGHT ON OLD SKOKIE ROAD (WHICH INTERSECTS THE EXIT RAMP BEFORE WASHINGTON STREET)
3. RIGHT (WEST) ON KELLER DRIVE
4. FOLLOW DIRECTIONS FROM ABOVE

***FROM THE EAST:***

1. WEST ON WASHINGTON STREET (PAST IL 131/GREEN BAY ROAD) TO OLD SKOKIE ROAD (STOPLIGHT JUST BEFORE US 41; 1 MILE PAST GREEN BAY ROAD)
2. LEFT (SOUTH) ON OLD SKOKIE ROAD TO THE PARK CITY BUSINESS DISTRICT
3. FOLLOW DIRECTIONS FROM ABOVE

***FROM THE WEST:***

1. EAST ON WASHINGTON STREET (PAST GREENLEAF AVENUE) TO OLD SKOKIE ROAD (STOPLIGHT JUST AFTER CROSSING OVER US 41; ½ MILE PAST GREENLEAF AVENUE)
2. RIGHT (SOUTH) ON OLD SKOKIE ROAD TO THE PARK CITY BUSINESS DISTRICT
3. FOLLOW DIRECTIONS FROM ABOVE

**Northern Illinois Food Bank's**

**SERVICE AREA**

