



**Northern Illinois
Food Bank**

**delivering food assistance
to your community**

Volunteer Information Form

Rockford 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,
NIFB'S BI-MONTHLY E-NEWSLETTER**

**YES, SIGN ME UP FOR NIFB'S 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

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

DRIVER (CDL OR NON-CDL)

FOOD RECOVERY

MAINTENANCE

MOBILE PANTRY ASSISTANT

OFFICE ASSISTANT

PRODUCT PROCESSING & FOOD SORTING

SPEAKER'S BUREAU

SPECIAL EVENT COMMITTEE

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 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: _____

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. 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__.

VOLUNTEER'S SIGNATURE

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

**Directions to
Northern Illinois Food Bank
Rockford Branch
320 S. Avon St., Rockford, IL 61102
815-961-7283**

FROM THE EAST

1. WEST ON I-90 TO ROCKFORD
2. WEST ON BYPASS 20 TO ROUTE 2/MAIN ST. EXIT
3. NORTH ON MAIN ST. TO CEDAR ST.
4. LEFT ON CEDAR ST. TO AVON ST.
5. RIGHT ON AVON ST. TO SHORT ELM ST.
6. RIGHT ON SHORT ELM ST. TO THE OPENING IN THE FENCE
7. RIGHT INTO THE PARKING LOT AND LOOK FOR THE GREEN NORTHERN ILLINOIS FOOD BANK AWNING

FROM THE WEST

1. EAST ON 20 TOWARD ROCKFORD
2. EXIT AT ROUTE 2/MAIN ST.
3. FOLLOW DIRECTIONS FROM ABOVE

FROM THE SOUTH

1. NORTH ON 39 TO BYPASS 20 WEST
2. WEST ON 20 TO THE ROUTE 2/MAIN ST. EXIT
3. FOLLOW DIRECTIONS FROM ABOVE

FROM THE NORTH

1. SOUTH ON 251 TO BUSINESS 20 WEST
2. WEST ON BUSINESS 20 TO AVON ST.
3. TURN LEFT ON AVON ST. TO SHORT ELM ST.
4. TURN LEFT ON SHORT ELM ST. TO THE OPENING IN THE FENCE

Northern Illinois Food Bank

SERVICE AREA

