



**Northern Illinois
Food Bank**

**delivering food assistance
to your community**

Volunteer Intake Form

(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**

*PLEASE CONTACT THE VOLUNTEER COORDINATOR IF YOU NEED TO COMPLETE COURT-MANDATED COMMUNITY SERVICE.

EDUCATION BACKGROUND: _____

SOCIAL, CIVIC, CONGREGATIONAL INVOLVEMENT: _____

OTHER EXPERIENCE, SKILLS, HOBBIES: _____

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:

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ DAYTIME PHONE: _____

RELATIONSHIP: _____ EVENING PHONE: _____

Volunteer Intake Form – Page 2

HOW DID YOU HEAR ABOUT NORTHERN ILLINOIS FOOD BANK? _____

AT WHICH LOCATION WOULD YOU LIKE TO VOLUNTEER?

ST. CHARLES (KANE COUNTY) ROCKFORD (WINNEBAGO COUNTY) PARK CITY (LAKE COUNTY)

WHEN ARE YOU INTERESTED IN VOLUNTEERING? (PLEASE CHECK APPROPRIATE DAY/S AND TIME/S):

MORNINGS AFTERNOONS EVENINGS

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

*VOLUNTEER NEEDS AND OPPORTUNITIES VARY BY LOCATION.

WHAT AREAS OF NIFB VOLUNTEERING INTEREST YOU?

___ AGENCY LOADING ASSISTANT

___ DRIVER (___ CDL OR ___ Non-CDL)

___ EXPRESS STAMP PROGRAM

___ FOOD RECOVERY

___ MAINTENANCE

___ MOBILE PANTRY ASSISTANT

___ OFFICE ASSISTANT

___ PRODUCT PROCESSING & FOOD SORTING

___ SPEAKER'S BUREAU

___ SPECIAL EVENT COMMITTEE

Volunteer Guidelines

Thank you for your interest in volunteering at Northern Illinois Food Bank. We hope this information will prepare you for a positive volunteer experience. If you have questions, please contact the Volunteer Department at (630) 443-6910 or volunteer@northernilfoodbank.org. We look forward to having you help at NIFB!

- To ensure the safety of individuals in the warehouse, **all volunteers must be at least 14 years of age**. Only during designated Youth Shifts (the 4th Saturday of each month from January-September and the week leading up for the 4th Saturday) are children aged 8-13 allowed to work in the warehouse.
- **Minor volunteers** (8-15 years of age) **must be accompanied by adults** 21 years of age or older at all times while in the facility. A ratio of 1 adult for every 5 minors is required - or volunteers may be asked to leave. If you find you cannot meet this requirement, we will reschedule your volunteer shift. Please know that adults will be expected to supervise any youth volunteers.

Volunteer Intake Form – Page 3

- We ask that individuals schedule their volunteer opportunities in advance since a firm count of expected volunteers is necessary to properly plan and assign appropriate projects. This will also help ensure a positive volunteer experience. All volunteer opportunities are scheduled through our office in St. Charles. Please contact the Volunteer Department to schedule a volunteer shift if you have not already done so.
- Our warehouses are not temperature controlled, so make sure you dress comfortably and appropriately for the weather. Volunteers should wear sneakers or work boots, long shorts or pants, and a t-shirt or sweatshirt. Volunteers wearing **open-toed shoes will not be allowed** in the warehouse and may be asked to leave.
- Due to very limited parking in Park City and St. Charles, we strongly encourage and ask that you **carpool when possible**.
- Please **arrive 15 minutes prior** to your designated volunteer shift so we can familiarize you with the facility, break out into the necessary work teams and get started on time.
- Our projects are designed for specific time periods so **we ask that volunteers commit to the entire volunteer shift**. If you are going to be late or need to leave early, we ask that you schedule an alternate volunteer shift.
- In the case of inclement weather, you can access our Emergency/Weather Advisory Extension by calling the main St. Charles number - 630.443.6910 - and then selecting extension 183. A message will then advise you of NIFB's operational status.
- Please make every effort not to cancel, as we have held your reservation and planned our production based on your participation and contribution. However, **if you need to cancel or reschedule your volunteer shift**, please contact the Volunteer Department as soon as possible.

Please review these guidelines carefully, then sign and date below and **return the form** to Northern Illinois Food Bank either prior to or on the day of your schedule session. If returning in advance, please send the completed form to NIFB (by mail) to 600 Industrial Drive, St. Charles, IL 60174; (by fax) to 630.443.6916; or (by email) to volunteer@northernilfoodbank.org.

Volunteer Signature: _____

Date: _____

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. 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)