



# MESA Volunteer Application and Agreement Form

927 Orange Rd., Pratts, VA 22731

540-948-4427

To be a resource for our Madison County neighbors in need

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Parent or Guardian if under 18 years: \_\_\_\_\_

\*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
(Name) (Phone # - Indicate Home, Work or Cell) (Relationship)

Do you have any friends/family members who are employed or volunteer here? No \_\_\_\_ Yes \_\_\_\_

Are you fluent in any other language, if so, which: \_\_\_\_\_

When are you available to volunteer (specify hours of availability)?

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

### Types of volunteer work you think you would be most comfortable with:

- \_\_\_ Help fill client orders
- \_\_\_ Organization/storage of food
- \_\_\_ Help unload trucks
- \_\_\_ Help with Board/Committee Work
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Driver (w/vehicle) to pick up food from businesses
- \_\_\_ Clean/Upkeep of pantry
- \_\_\_ Building/Maintenance
- \_\_\_ Community Outreach/Fundraising

### List Your Past Volunteer Experiences:

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

-Have you ever been adjudged civilly or criminally liable for abuse of another person? No \_\_\_\_ Yes \_\_\_\_

-Have you been convicted of a crime? No \_\_\_\_ Yes \_\_\_\_ If Yes to either/both, please describe below:

Where did you hear about us: \_\_\_\_\_

REFERENCES: If you can provide two references, please do so.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_ I need the following accommodation(s) to work as a volunteer:

**BACKGROUND CHECK:** MESA reserves the right to submit background checks on all volunteers working with vulnerable persons. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening will take place before volunteers begin working with families.  
\_\_\_\_\_ I agree to have a background check.

**CONFIDENTIALITY:** MESA volunteers will often come into contact with information of a personal and confidential nature regarding the families we serve as well as other volunteers that serve here.  
\_\_\_\_\_ I agree not to disclose such personal and confidential information and I agree to talk to an appropriate staff member in any situation in which I have questions about confidentiality and/or any possible violation of such confidentiality.

**AUTOMOBILE INSURANCE [for drivers]:** My automobile insurance company is \_\_\_\_\_ and my drivers license expires \_\_\_\_/\_\_\_\_/\_\_\_\_.  
\_\_\_\_\_ I agree to allow a copy of my drivers license to remain on file with MESA and to allow a driving record check if deemed necessary at the expense of MESA I also agree to keep automobile liability insurance equal to/at least the minimum requirement of the State of Virginia.

**VOLUNTEER SAFETY:** Volunteers are a vital resource for this organization, and we are committed to taking the appropriate precautions to ensure your safety, as well as the safety of the families we serve and those that we come in contact with.  
\_\_\_\_\_ I see the value in providing a safe environment for everyone and agree to making safety a priority in this organization. I agree to abide by MESA'S policies and procedures.

**OWNERSHIP OF FOOD AND OTHER DONATIONS:** MESA's Mission is "To be a resource for our Madison County neighbors in need." The food and other in-kind donations are donated to MESA to help us fulfill this mission. As a volunteer, it is my responsibility to see that I do my part to see that all food and other donations go to needy families that have qualified through our intake process.  
\_\_\_\_\_ I understand that as a volunteer, I receive nothing in exchange for my services. If I qualify to receive food and other donated items, I am subject to the same guidelines as other qualified families that do not volunteer services to the food pantry. Any violation of this nature should be reported to the Executive Director or other Governing Board Member immediately for appropriate action.

As a volunteer for MESA, I agree to abide by all applicable rules and regulations of MESA, and of the Blue Ridge Area Food Bank. I understand that I will receive no benefits of any kind in return for my volunteer service and that MESA may terminate this agreement at any time without prior notice for any reason. I hereby authorize MESA to check my references, and I understand that a criminal background check may be submitted.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the Executive Director and or the Volunteer Coordination and on-site orientation to perform my volunteer role.

I hereby Release and Waive liability against Madison Emergency Services Association, Inc., (MESA) a non-profit corporation, its directors, officers, employees and agents, its successors, and assigns, for any injuries or illness that I or my dependent may suffer in connection with any volunteer work for MESA. Further, I agree that MESA is not liable for any damage to my property or my dependent's property resulting from volunteer work for MESA. I agree that this release is as broad and inclusive as permitted by the laws of the State of Virginia.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_