

Food Pantry Volunteer Registration Application

Thank you for you interest in volunteering with SHARE Village Las Vegas To get started complete this registration form.

To ensure the safety of our community and residents all volunteers applicants at SHARE Village Las Vegas are required to pass a background check

Food Pantry Volunteer Regi	stration		
Personal Information			
Tell us a little bit about yourself			
First Name *		Last Name *	
Email *	Birth Date *		Phone *
	Must be 18 or older or accom volunteer.	panied by an adult to	
Street Address *		City *	
State *		Zip Code *	
Availability Please indicate the d	ays and times you are available.		
Select A Shift *			
○ Tuesday 7am-11am			
○ Thursday 7am-11am			
Some tasks require standing for la Do you have any physical limitations t	ong periods of time, lifting 10-25 pounds a hat we should be aware of?	nd repetitive motion. *	

- O Yes
- \bigcirc No

If yes, please list any limitatons below.

Emergency Contact Information

Who should we contact in case of an emergency?

Name *	^
Phone *	
Relationship to you * Example: Spouse, Parent, or friend	
Volunteer Acknowledgement	

Terms & Conditions

As a volunteer, I acknowledge, understand and agree to the following: · A "volunteer" means a person who performs authorized voluntary service to SHARE Vill Las Vegas, without pay, for the benefit of the organization and in aid of a recognized community purpose. A volunteer is not an employee and may be released a time, without cause or reason, and without right of appeal. · I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I not use or possess controlled substances at any time or use alcohol while on duty or on County property. If taking medication which may affect my performance duties, I must report this to the volunteer coordinator/program manager before beginning my assignment. · I will not disclose at any time confidential informat to which I have access during my assignment as a volunteer with SHARE Village Las Vegas. This information includes, but is not limited to, medical records or fi vital records, and statistics. I will also strictly protect the confidentiality of all SHARE Village Las Vegas employee/personnel information to which I have access am required by State and/or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release. · In the event c volunteer assignment-related injury or illness, it is my responsibility to notify my volunteer assignment supervisor immediately. · Prior to driving my personal vehicle or a SHARE Village Las Vegas vehicle during volunteer assignment hours, I must contact my volunteer assignment supervisor for approval. I will need tc complete the "Authorization to Drive" form and also provide a current DMV printout, my unexpired drivers' license and proof of automobile insurance. While dr my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with the SHARE Village Las Vegas.

Acceptance of Terms *

I have read and understand the information provided to me on the SHARE Village Las Vegas Volunteer Program. As a volunteer. I understand SHARE Village Las Vegas does not provide Workers' Compensation Insurance to volunteers.

○ I acknowledge, understand and agree to the terms described above

Photo Release Consent *

From time to time, SHARE/Veterans Village photos will be taken of volunteers, employees and the property. SHARE/Veterans Village reserves the right to use these photos for pr releases, posting on the SHARE/Veterans Village website, social media sites and other marketing purposes.

○ I hereby grant SHARE/Veterans Village permission to use photos for the above marketing endeavors.

Applicant Signature

Date