



# Volunteer Application

**Personal Information** *All information you provide will be kept confidential.*

First Name:	Middle Name:	Last Name:
Street Address:	City:	State:
E-mail Address:	Home Phone:	Cell Phone:
Employer:	Occupation/Job:	Work Phone:
Emergency Contact:		Emergency Contact's Telephone:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial/Other	Volunteer Type: <input type="checkbox"/> TN Promise <input type="checkbox"/> High School Service Hours <input type="checkbox"/> Church Group <input type="checkbox"/> RIFA Food Pantry Client <input type="checkbox"/> Other
Birthdate:		

## Education

Last School Attended \_\_\_\_\_  
 Course of Study \_\_\_\_\_ Grade or Degree Completed \_\_\_\_\_

## Previous Volunteer Experience

Agency \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

**Personal References -** One clergy reference & two additional non-family member references.

Name	Phone Number	E-mail Address	Relationship

**Areas of Interest** – Check the areas that you are interested in serving. Other opportunities not listed are available.

- Assemble Food Sacks
- Food Stocker/Sorter
- Food Donation Pick Ups
- Thrift Store Support
- Snack Backpack
- Vegetable Garden
- Soup Kitchen Help
- Help with Cleaning
- Other \_\_\_\_\_

**Volunteer Availability-** Check the timeslot(s) you would be available.

Monday	<input type="radio"/> 8:00-12:00	<input type="radio"/> 1:00-4:00	<input type="radio"/> other _____
Tuesday	<input type="radio"/> 8:00-12:00	<input type="radio"/> 1:00-4:00	<input type="radio"/> other _____
Wednesday	<input type="radio"/> 8:00-12:00	<input type="radio"/> 1:00-4:00	<input type="radio"/> other _____
Thursday	<input type="radio"/> 8:00-12:00	<input type="radio"/> 1:00-4:00	<input type="radio"/> other _____
Friday	<input type="radio"/> 8:00-12:00	<input type="radio"/> 1:00-4:00	<input type="radio"/> other _____
Saturday	<input type="radio"/> 8:00-12:00	<input type="radio"/> 1:00-4:00	<input type="radio"/> other _____

Why are you interested in becoming a RIFA volunteer?

\_\_\_\_\_

\_\_\_\_\_

Are you a member of a church? If so, where? \_\_\_\_\_

RIFA is committed to the following principles and as a volunteer, by signing below, you are agreeing to maintain these principles as well:

- RIFA is committed to respecting everyone’s faith tradition or lack thereof.
- RIFA doesn’t ever want any client to feel like our services are contingent on their listening to any kind of religious proselytizing or presentation.
- RIFA is true to our faith/interfaith roots by simply doing the service that we do.
- If a client initiates a request for prayer or any discussion of religion, the volunteer is free to respond, but not with attempts to influence the client’s belief

Do you have any physical, emotional, and/or medical conditions we need to be aware of? If yes, please list conditions(s).	
Have you ever been convicted of a felony? If yes, please state offense, date and location.	
Individuals who have been convicted of any sexual offense, crime against children, cruelty towards animals, or physical assault will not be permitted to volunteer at RIFA.	

I hereby certify that all answers given by me on this application are true to the best of my knowledge. I understand that any false or misleading information provided may be grounds for dismissal from the volunteer program. I authorize Regional Inter-Faith Association (RIFA) to contact references whom I have listed on the application for the purpose of obtaining information about me. I also authorize RIFA to check my criminal record for the purpose of investigating any past convictions that could prohibit certain areas of volunteer assignment. I, hereby, hold harmless and release RIFA, its agents, and its representatives from any legal liability and financial responsibility for any injuries, damages or any other loss that may arise in connection with my volunteer duties with RIFA. I release RIFA from any liability based upon such release. I also grant RIFA permission to use my likeness in a photograph in any and all of its publications, including brochures, newsletters, display boards, social media, and website entries, without payment or any other compensation. I acknowledge that all information which I receive or obtain relating to the clients of RIFA is confidential and shall not be disclosed to any person except to those specifically authorized by RIFA or as required by law.

**If you are under age 18, a parent or legal guardian must also sign a Youth Volunteer Waiver. If you are 16 or under, a parent or legal guardian must sign the youth volunteer waiver and must accompany you, unless you are with an organized, chaperoned group or are a Leadership University participant.**

I have read and understand the RIFA volunteer policies

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only: (initial & date)
_____ TNSOR Screening Complete
_____ FSOR Screening Complete
_____ FR Screening Complete