



Volunteer Registration Form

Date: _____

Name: _____

Address: _____

Phone Number: (Home) _____ (Cell) _____

Email: _____

Date of Birth: _____

Is this for required Community Service?

- No
- Yes (Number of hours required: _____)

How did you hear about this volunteer opportunity?

Preferred Volunteer Activity (Please Check):

- Sorting and Stocking Food
- Driving to Pick Up Food (Large Vehicle Preferred)
- Unloading Food Deliveries (Able to lift at least 50 lbs.)
- Neighborhood Distribution
- Data Entry
- Intake

Availability (Days/Times):

Additional Notes:

Volunteer Agreement

Volunteer Name: _____
(Print Name)

By signing below, I agree to uphold the following guidelines while volunteering at the HACAP NW Neighborhood Resource Center:

1. Treat all neighbors, staff, and fellow volunteers with respect.
2. Do not accept tips or gifts from neighbors attending the pantry.
3. Do not promote or solicit personal business, political views, or religious beliefs while volunteering.
4. Threatening, aggressive, or violent behavior is strictly prohibited and may result in immediate dismissal.
5. Discrimination, bullying, or harassment of any kind is not tolerated.
6. Maintain confidentiality regarding the work of the pantry, its neighbors, and other volunteers.
7. Dress appropriately for the workplace, including wearing closed-toe shoes.
8. Smoking, drinking, or using drugs while volunteering is prohibited.
9. Complete and adhere to the following required trainings before volunteering:
 - Civil Rights
 - Basic Food Safety
 - Non-Bias Treatment
10. Do not take food or donations from the pantry. Volunteers in need must follow the same intake and distribution process as all neighbors, with no preferential treatment.
11. Misconduct includes, but is not limited to:
 - Theft of property, donated food, or funds
 - Willful damage to HACAP NW Neighborhood Resource Center property
 - Intoxication through alcohol or other substances
 - Verbal or physical harassment of clients, volunteers, staff, or donors
 - Unauthorized disclosure of confidential information
 - Falsification of any records for personal gain
 - Slander against HACAP NW Neighborhood Resource Center staff

Volunteer Rights:

As a volunteer, you are entitled to:

- A clean, healthy, and safe work environment.
- A copy of the conflict resolution policy and pantry guidelines.
- Proper training and instructions to perform your tasks effectively.
- Respect and dignity from staff and those attending the pantry.

In Return, HACAP NW Neighborhood Resource Center Will:

- Provide the necessary training and tools for your work.
- Honor and recognize your service and commitment.
- Encourage open and honest feedback at all times.
- Reimburse authorized volunteer expenses.
- Ensure a safe, clean, and volunteer-friendly environment.

Volunteer Signature: _____

Date: _____

Volunteer Waiver

1. I agree to hold harmless and waive any claims against the HACAP NW Neighborhood Resource Center, including those arising from negligence or intentional conduct by its volunteers or agents.
2. I confirm that I am physically fit to perform the tasks assigned to me. (Please inform us of any disabilities so we can assign appropriate tasks.)
3. I agree to use my personal insurance as the primary provider in case of injury during my volunteer work.
4. I will not operate a personal vehicle for volunteer activities unless I have a valid Driver's License and the minimum required liability insurance under Iowa law.
5. HACAP NW Neighborhood Resource Center is not responsible for loss or damage to my personal property.
6. I grant permission for the HACAP NW Neighborhood Resource Center to use photographs of me for publicity and promotional purposes.

Volunteer Signature: _____
(Print Name)

Date: _____

If under 18, a parent or legal guardian's signature is required:

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Relationship: _____