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## Volunteer Application

Please attach a copy of your driver's license or photo ID to the application.

### Yes, I want to volunteer my time at the Kauai Independent Food Bank (KIFB)!

I would like to do work in the following areas:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Receptionist / Office Work                     | <input type="checkbox"/> Computers                                       | <input type="checkbox"/> Accounting                                 |
| <input type="checkbox"/> Typing / Filing                                | <input type="checkbox"/> Vehicle Maintenance                             | <input type="checkbox"/> Arts / Graphics                            |
| <input type="checkbox"/> Warehouse: Stocking<br>Shelves, Filling Orders | <input type="checkbox"/> Heavy Warehouse:<br>Unloading / Loading Pallets | <input type="checkbox"/> Building: Carpentry, Plumbing,<br>Painting |
| <input type="checkbox"/> Driver*  | <input type="checkbox"/> Other: _____                                    |   |

**\*Note:** You must have valid Hawaii driver's license, current auto insurance, and a clean driving record.

### Availability

The Kauai Food Bank is open Monday – Friday, 8:00 a.m. to 4:00 p.m. Indicate your available hours below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Available Hours:					

### Contact Information

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Person to Notify in Case of Emergency

Full Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone #s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Health Information

Do you have any physical limitations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: _____
Do you have any health conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: _____

## How did you hear about volunteering at the Kauai Independent Food Bank?

- |  |  |
|--|--|
| <input type="checkbox"/> Family / Friend | <input type="checkbox"/> Church / Agency |
| <input type="checkbox"/> Radio           | <input type="checkbox"/> Newspaper       |
| <input type="checkbox"/> KIFB Website    | <input type="checkbox"/> Other: _____    |

## Our Volunteer Policies

### DAILY PROCEDURES

1. Sign-in and out on the Volunteer sheet located on the black podium in the front of the warehouse.
2. All bags, backpacks, purses, etc. needs to be place in one of the lockers provided by the KIFB before your work shift.
3. See Warehouse Supervisor for job duties. Keep busy-when a task has ended or see a Supervisor.

### SAFETY

1. Covered footwear is required when in the warehouse, i.e. tennis shoes, boots, etc.
2. Wear comfortable clothing such as pants, walking shorts, capri's, tank tops with 2 inch sleeves (no spaghetti straps), t-shirts.
3. No eating or drinking in the warehouse. We recommend you utilize our conference room for breaks or lunch, if not, please enjoy yourself off the premises.
4. Back braces, aprons, hand gloves, etc. will be issued by the Warehouse Supervisor at your request, if available.
5. You will have to watch a short video on Salvage training.

### SUPERVISION

Warehouse Supervisor & Programs Coordinator are available to:

1. Answer questions.
2. Maintain a daily assignment roster.
3. Provide hands on training of equipment usage.
4. Provide accurate summary of volunteer hours.
5. Execute timely rest breaks and lunch periods.
6. Provide letters of recommendation and/or references.

I am volunteering to assist the Kauai Independent Food Bank in its sponsored events, including but not limited to donation solicitation, food drives, and other such activities. I understand there may be some risks involved in participating in any sponsored event. Knowing these facts, I hereby waive, release, discharge, and agree to hold harmless the Kauai Independent Food Bank, its agents, employees or anyone acting for or on its behalf, from any and all claims of liability for my personal injury, death or property damage of any kind or nature whatsoever arising out of or in the course of my participating in any Kauai Independent Food Bank sponsored events. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds myself, my heirs, executors, administrators, or anyone else who might claim on my behalf.

I further grant full permission to the Kauai Independent Food Bank or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any Kauai Independent Food Bank purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Name of Reviewer (printed) \_\_\_\_\_  
Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_