



Santa's Express Volunteer Opportunities Christmas Distribution

Dates and Times

- * **FRIDAY, DECEMBER 17, 9:00 AM - 4:00 PM**
FINISH SORTING OF GOODS, BAGGING PRODUCE, START FILLING BOXES

- * **SATURDAY, DECEMBER 18, 9:00 AM - 4:00 PM**
FINISH FILLING BOXES
SET UP TOYS AND CLOTHES AT MT. OAKS SCHOOL (8:00 AM - 4:00 PM)

- * **MONDAY, DECEMBER 20, 9:00AM - ? PM**
START BAGGING SPECIFIC ITEMS AT FB
FINISH UP TOYS AND CLOTHES AT MT. OAKS SCHOOL

- * **TUESDAY, DECEMBER 21, 7:45 - ? PM**
DISTRIBUTION DAY - FIRST APPOINTMENTS AT FB SCHEDULED FOR 8:30
AM
DISTRIBUTION DAY: FOOD BANK VOLUNTEERS NEED TO ARRIVE BY 7:45 AM
TO SET UP LOADING STATIONS - INSIDE OR OUTSIDE, DEPENDING ON THE
WEATHER. TOY AND CLOTHING VOLUNTEERS NEED TO ARRIVE BY 8:00 AM
AT MT. OAKS SCHOOL FOR LAST MINUTE SET UP.

(Volunteers ages 14 - 17 must be accompanied by an adult. No volunteers under the age of 14.)

EVENT Application for Volunteering

Please print legibly.

Date:

Last Name:	First Name:	Middle Initial:
Mailing Address:	City:	Zip Code:
Home Phone:	Work Phone:	Other Phone:
email address:	Birth Date (Month/Day):	<input type="checkbox"/> Check here if you are under 18

What event would you like to volunteer for?

Have you previously volunteered or worked with The Resource Connection? Yes No

If yes, in what event or program? Dates?

Please indicate how you became aware of volunteer opportunities at the Resource Connection:

- Service Group _____ Online (website) _____
 Friend/Family _____ Other (source) _____
 Newspaper _____

PERSON TO BE CONTACTED IN AN EMERGENCY:

Name:	Relationship to volunteer:
Best phone number:	Alternate phone number:

SKILLS/INTERESTS:

List any interests, skills, or hobbies you have that might be helpful in your volunteer work:

What do you enjoy doing the most?

If you are able to fluently speak, read or write any language *other than* English, please list the language(s): Language: _____ Speak Read Write

Would you be interested in learning about other volunteer opportunities with the Resource Connection? Yes No

Community Service Hours: _____	<i>For Office Use Only</i>
Event Date/Time/Initials: _____	

TERMS and CONDITIONS: Please read carefully, initial each paragraph and sign below.

_____ I understand that I am not considered an employee of the Resource Connection while performing volunteer work for the organization.

_____ In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Resource Connection, a nonprofit organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Resource Connection, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence and I agree to release and hold the Resource Connection, its officers and directors, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therefrom.

_____ I understand I am not covered by Workers' Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer and that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

_____ I further grant to the Resource Connection, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, and voice in any and all media, publications, advertising, and publicity in connection with my participation hereunder.

_____ Ability to pass a background check *may* be required.

_____ The Resource Connection is not obligated to provide a placement, nor are you obligated to accept the volunteer position offered.

_____ Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex or any additional categories, as prohibited by law. The Resource Connection complies with laws regarding reasonable accommodations for individuals with disabilities.

_____ In case of an accident or medical emergency, I authorize a staff member of the Resource Connection to seek emergency medical treatment and use measures as are deemed necessary to preserve the life, limb or well being of myself, at my own expense.

My Signature indicates that:

1. The information I have provided in this application is true and correct to the best of my knowledge. I agree to the above initialed Term and Conditions.
2. If the volunteer is a minor, I, the parent/guardian, give my permission for my child/ward to volunteer and give my consent to check my child/ward's references and seek medical attention for my child/ward, if necessary.

Applicant Signature _____

Date _____

I am the parent and/or guardian *of the minor*, and have the legal authority to execute consent and release. I approve the foregoing and waive any rights to the above.

Print Name _____

Phone _____

Signature _____

Date _____

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