



BREAD OF LIFE
FEED • SHELTER • EMPOWER

Bread of Life
Volunteer Application

Please complete all Lines & Questions, if something does not apply please mark with an N/A, incomplete applications cannot be processed

Please Print or Type Information

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Telephone _____ Email: _____

Referral Source: _____

Please note that Bread of Life is not responsible for any personal injury that may occur while volunteering

Education (highest level completed)

Grades: 1-5 6-9 10-12 College Business School Graduate School Technical/Vocational

Former/current work or occupation _____

List previous volunteer experience (if Any) _____

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1. _____

2. _____

3. _____

What location are you interested in Volunteering At? (Circle one or more)

Shelter

Soup Kitchen

Housing

Do you need Volunteer Hours for (Services/ Probation/ personal, etc.)? (Circle one) YES NO

Explain why you are interested in volunteering? _____

How Many Hours do you want/need? _____

Are you willing to be added to our list of on-going volunteers? _____

Volunteer availability:

Please list days and hours available: _____

All volunteers are subject to a criminal background check

Criminal history does not prohibit one from volunteering with the organization.

Criminal History and Date of Offense (please explain any criminal history with charge and date):

If you have any criminal history, please describe any steps/ services/ supports you have taken or work with to address the issues that led to the criminal activity:

Bread of Life

159 Water Street, Augusta Maine 04330

207.626.3434

Bread of Life feeds the hungry, shelters the homeless, and provides services that empower people to change their lives and take personal responsibility.



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Transportation: (How you will get to your assignment)

Public Trans. Walk Bus Van Taxi Car

In an emergency, notify:

Name: _____ Relationship to you: _____

Address _____

City/State/Zip _____ Telephone Number _____

____ 1. Acknowledgement and Assumption of Risk

I understand that my volunteer activities with [Nonprofit Name] may include physical activity, use of tools or equipment, travel, and other risks associated with volunteer work. I willingly and voluntarily assume all such risks.

____ 2. Release and Waiver

In consideration of being allowed to participate in volunteer activities, I hereby release, indemnify, and hold harmless Bread of Life, its directors, officers, employees, agents, and other volunteers from any and all liability, claims, and demands of any kind or nature, either in law or in equity, that arise or may hereafter arise from my volunteer activities.

____ 3. Medical Treatment

I authorize Bread of Life to provide or obtain medical treatment for me in the event of injury or illness during my volunteer service. I release and hold harmless Bread of Life from any liability related to such treatment.

____ 4. Insurance

I understand that Bread of Life does not carry or maintain health, medical, or disability insurance coverage for volunteers. I am responsible for my own insurance coverage.

____ 5. Photographic Release

I grant Bread of Life the right to use photographs, video, and other media of me taken during volunteer activities for promotional and educational purposes without compensation.

____ 6. Code of Conduct

I agree to follow all safety protocols, instructions, and rules set by Bread of Life, and to conduct myself in a respectful and responsible manner.

Volunteers hereby agree to serve any client, regardless of race, gender, age, ethnicity, religious affiliation, income, physical and/or mental disability, marital status, or sexual orientation in accordance with local, state and federal laws.

Volunteer Signature

Date

Receiving Staff Signature

Date

Staff Approval: Yes No

Reason: _____

Site Supervisor Signature & Title: _____

Date

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