Eagle's Wings Volunteer Application

Warehouse _____
Office _____
Board _____
Homebound _____
Pick-up _____

932 West 3rd Street (PO Box 426)
Washington, NC 27889
Phone (252)975-1138 FAX (252)975-1108

TODAY'S DATE _____ FIRST DAY OF VOLUNTEERING DATE _____ DATE RESIGNED _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home Work Cell

E-Mail _____ BIRTHDAY: MONTH_____ DAY _____

In Case of Emergency: _____
Name Relationship Phone Number

Do you have any medical conditions of which we should be aware if an emergency should arise? _____

Age: (circle) Under 18 19 – 40 41 – 60 61+ Gender: (circle) Male Female

Occupation: _____ Physical Limitations: _____

Education Level Completed: _____ Degree/Field: _____

Special Skills, Hobbies or Interests: _____

Other Volunteer Experience: _____

Please read over the volunteer services needed at Eagle's Wings and circle the type of volunteer service you prefer.

Food Pantry:
- sort food
- prepare boxes of food for distribution
- cleaning (warehouse and contents)
- daily pick-up from local stores
- homebound delivery

Interviewing/Counseling:
- direct contact with daily clientele
- training available for intake interviewing

Front Office:
- filing
- cleaning

Repair/Handyman
- general repairs in front and warehouse
- hedge trimming
- trash pickup

Our hours of operation for serving clients are Tuesdays from 9 – 11:30 AM and 2:00 - 5:00 PM and the first Saturday of each month from 9-11 AM. We are closed to clients every 5th Tuesday. In addition to Tuesdays, warehouse workers are needed Monday – Friday from 9:00 – 11:30 AM.

Please wear comfortable clothing (t-shirts and jeans) and closed-toed shoes.

Please write in the times you are available to volunteer.

Monday Tuesday Wednesday Thursday Friday

Hours FROM _____ FILL OUT BACK ALSO PLEASE!!

UNTIL _____

EAGLE'S WINGS
Volunteer Requirements

AS AN EAGLE'S WINGS VOLUNTEER I AGREE TO ABIDE BY THE FOLLOWING REQUIREMENTS:

The NC law on confidentiality requires that all staff, board, and volunteers are not to discuss client information or any occurrences at Eagle's Wings. If any volunteer has a concern or issue with a member of the staff, a client or a fellow volunteer concerning any type of behavior including verbal or sexual harassment, please report the incident to the Executive Director at 252-975-1138. Your privacy will be respected.

1. I understand that as an Eagle's Wings volunteer I have no special privileges or special status. If I have a need to obtain food from Eagle's Wings I will go through the same procedures as any family. I understand I cannot do my own Intake Form or that of a relative or close friend. If I am a client, I am not allowed to volunteer on the day in which I receive food.

2. I will abide by all established procedures. In the event of a situation not covered by policy only the Board of Directors or designated representative will make the decision.

3. If I see any misconduct or policy violation on the part of anyone connected with Eagle's Wings I will immediately report this fact in private to the Board of Directors or Executive Director. A written report may be required.

4. If an emergency arises I will call and leave a message at Eagle's Wings as soon as possible. If possible I will try to find a replacement for myself.

5. I acknowledge these volunteer requirements by my signature below. I understand I may not begin service as a volunteer until I turn this sheet into the Executive Director or designated representative.

6. According to the agreement with The Food Bank of The Albemarle, no food may be taken from Eagle's Wings by staff, board members, or volunteers.

7. I understand that surveillance cameras were installed.

_____ _____
Signature Date

_____
Printed Name

_____ _____
Name of Parent or Guardian if volunteer is under 18 Signature of Parent or Guardian

_____
Date

If you are affiliated with a church, please give us the name of the church.

_____