



Volunteer Meal Group Registration Form

MEAL GROUP COORDINATOR INFORMATION

Primary Meal Group Contact

Name: _____

Address: _____

Phone: _____ Home Work Cell

Fax: _____ Email: _____

Secondary Meal Group Contact

Name: _____

Address: _____

Phone: _____ Home Work Cell

Fax: _____ Email: _____

ORGANIZATION INFORMATION

Name of Organization: _____

Address: _____

Primary Phone: _____ Home Work Cell

Fax: _____ Website: _____

BILLING INFORMATION

Name: _____

Title: _____

Address: _____

Primary Phone: _____ Home Work Cell

Fax: _____ Email: _____

Preferred Billing Method: Fax Mail Email

Do not write below this line

The following is to be filled out by Sulzbacher Kitchen Staff:

Funding Type: _____

Budget Amount: _____

Include Invoice with Billing: _____

Sulzbacher Center | 611 E. Adams Street | Jacksonville, FL 32202 | www.sulzbachercenter.org

Allison Vega | Volunteer Coordinator | 904.394.8082 | AllisonVega@tscjax.org

Kevin Nacke | Director of Food Services | 904.394.1371 | KevinNacke@tscjax.org



Volunteer Meal Group Application

Thank for your interest in volunteering. By completing this application, you are giving us permission to contact you regarding volunteer opportunities.

Please return your completed Volunteer Application and Background Check Release to Allison Vega, Volunteer Coordinator, Sulzbacher Center, 611 E. Adams Street, Jacksonville, FL 32202.

PERSONAL INFORMATION

Name: _____

Home Address: _____

Preferred Phone: _____ Home Work Cell

Alternate Phone: _____ E-mail*: _____

**Your e-mail address will be used to alert you of volunteer opportunities and events and will not be shared.*

Emergency Contact: _____ Phone: _____

Employer or School *if applicable*: _____ Full Time Part Time

Profession or Course of Study: _____

Education *highest level completed*: _____

Expertise: _____

Previous volunteer activities: _____

Preferred volunteer position: _____

Have you ever received services from us? _____

How did you hear about us? _____

AVAILABILITY

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

REFERENCES

Please list two references, unrelated to you, who we may contact regarding this application.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____



VOLUNTEER AGREEMENT

VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I hereby fully and forever waive, release and relinquish any and all claims, demands and actions whatsoever that I may have against Sulzbacher Center and Beaches Community Healthcare, a Sulzbacher Center Clinic, it's officers, agents, volunteers and employees, arising out of my volunteer activities.

_____ Initials of Volunteer; _____ Initials of Parent/Legal Guardian, ***if volunteer is a minor***

VOLUNTEER STATEMENT OF CONFIDENTIALITY

As a condition of volunteering with persons seeking assistance from Sulzbacher Center, including Beaches Community Healthcare, a Sulzbacher Center Clinic, I agree to keep confidential any information shared with me. I understand that no information concerning clients shall be released to other agencies or persons without signed, written consent of those involved.

_____ Initials of Volunteer; _____ Initials of Parent/Legal Guardian, ***if volunteer is a minor***

PHOTO AND/OR VIDEO RELEASE FORM

I hereby give permission for me, or my minor child to be interviewed, photographed, and/or videotaped with sound. This material may be used to promote Sulzbacher Center, including Beaches Community Healthcare, a Sulzbacher Center Clinic. I place no restrictions on the use of this material, unless listed below and initialed by me.

If applicable, please list restrictions below (each must be initialed):

_____ Initials of Volunteer; _____ Initials of Parent/Legal Guardian, ***if volunteer is a minor***

I have read these agreements and fully understand their content and agree to them of my own free will, as indicated by my initials and signature. I further certify that I am eighteen (18) years of age or the Parent/Legal Guardian of a minor participant.

Printed Name of Volunteer: _____

Signature of Volunteer: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

VOLUNTEER CODE OF CONDUCT

1. Sign in and out on the volunteer log each time you volunteer.
2. If you are issued a volunteer badge, you must wear it while volunteering.
3. Be punctual. Notify the volunteer coordinator and the staff member to whom you are assigned if you will be late or cannot fulfill a volunteer commitment.
4. Do not bring children or visitors with you to your volunteer assignment, unless you have received permission in advance from the volunteer coordinator.
5. Wear appropriate clothing. Shoes with backs or heel straps are required. Short-shorts, tank tops, bare mid-drifts and clothing printed with potentially offensive messages are prohibited. Additional clothing requirements apply for kitchen volunteers.
6. Communicate courteously with all staff members, persons receiving services through our programs (clients) and other volunteers. Discrimination in any form will not be tolerated.
7. Maintain confidentiality and abide by HIPPA regulations. Do not share information with anyone about clients without their express written consent, and then, only as required to provide services.
8. Do not disclose personal information about yourself to clients.
9. Do not transport, give money to or purchase items for clients. If you become aware of a need, refer the client to a staff member.
10. Volunteers and their associates are prohibited from employing or arranging employment for clients and former clients.
11. Illegal drugs and alcohol are prohibited within our facilities or on our grounds. Smoke in designated areas only.
12. Direct all media inquiries and solicitation requests to the director of public relations at 859-8150.

I have read this Code of Conduct, fully understand its contents and agree to it of my own free will, as indicated by my initials and signature. I further certify that I am eighteen (18) years of age or the Parent/Legal Guardian of a minor participant.

Printed Name of Volunteer: _____

Signature of Volunteer: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Volunteer Meal Group Rules

SIGN IN

Please help us keep track of the number volunteers and volunteer hours that your group contributes to the Center.

SECURE YOUR PROPERTY

Please store personal items in a locked car or in the kitchen office.

RESTRAIN HAIR

*Please make sure no hair falls in the food you are preparing by pulling long hair back **and** by wearing a hair net or hat. Baseball caps are welcome!*

WEAR SAFE CLOTHING

Please wear shirts with sleeves, long pants and solid shoes with closed toes.

WEAR AN APRON

Please cover your street clothes.

WASH YOUR HANDS

*Please follow the hand washing instructions posted at the hand sink and **only use the hand sink for hand washing!***

WEAR GLOVES

*Gloves must be worn when handling breads, salads, desserts and any other foods that will not be cooked. **No bare hand contact with ready to eat foods!** Gloves are meant to be used for one task only and cannot be washed. Please remove gloves, rewash hands and take a fresh pair of gloves when starting a new task.*

NO EATING

*Please consume food and drinks away from food preparation areas and **keep drinks on bottom shelves.** Always wash hands after eating and drinking and before preparing, cooking or serving food.*

BE SAFE

***You must be 12 years of age or older to volunteer in the kitchen.** If you are between the ages of 12 and 18 you may volunteer with your meal group, but are restricted from using knives and equipment.*

HAVE FUN!

*Please remember how much we appreciate your help. **Thank you!***