



602 Bond Street
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Gallatin Valley Food Bank Volunteer Registration Form

The following information will be kept confidential and not shared outside of the Gallatin Valley Food Bank or HRDC District IX organizations.

Personal Information

Name _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth: _____

Notify in case of an emergency:

Name

Phone Number

Please list any physical limitations, medical problems or allergies that may affect your work here

If you are volunteering with your family, please list their name and birthdates here:

Background Information:

Current or last work/occupation: _____

Education & Training: _____

Skills you would like to share: _____

Why are you interested in volunteering with the food bank?

And/ or what is your motivation for wanting to volunteer?

- Acquire or maintain skills
- Change of direction
- Community involvement
- Meet people
- Rehabilitation
- Work experience

- Help others
 - Give back to community
 - Required for class or program
- Please indicate the class or program name and how many hours you need to volunteer _____

How did you hear about the food bank?

- Newspaper Website Church Friend Other volunteer Class

Times and Days you are able to Volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						
Special Events	Please write in the dates and times you are available for special events.					

I attest that the information I have provided is all true and accurate to the best of my ability and I hereby volunteer my services to the Gallatin Valley Food Bank.

Volunteer Signature

Date

Food Bank Representative Signature

Date

Statement of Confidentiality

As a volunteer with the Gallatin Valley Food Bank and the HRDC District IX, I agree to the following:

1. All notes, other written material on paper or on the computer will be kept in secure places and not left out for public view.
2. Discussion regarding specific clients will be held in offices, behind closed doors or other places where privacy can be assured.
3. No privileged information about clients will be discussed with family, friends, outside co-workers or anyone outside of the Gallatin Valley Food Bank or HRDC District XI organizations. Privileged information includes any and all family and personal information from the client database as well as the fact that any particular individual or family is, in fact, a client of the food bank.
4. For privileged information to be shared with other agencies or professionals, verbally or in writing, written authorization will first be obtained from the client. The only exception will be a request made by legitimate law enforcement officers and these will be handled on a case by case basis by the Director of the Gallatin Valley Food Bank.
5. Access to client data files is limited to the Gallatin Valley Food Bank staff and volunteers, staff at the HRDC District IX, and professional staff with other legitimate agencies in the community. Access to client data files by anyone must be approved by the Director of the Gallatin Valley Food Bank or in their absence, the supervisor of the food bank Director at the HRDC District IX.
6. No privileged information about confidential meetings will be discussed with family, friends or outside co-workers.
7. No volunteer will interfere or discuss any employee's personal or professional problems with family, friends, other volunteers, facility staff or outside co-workers.

Violating the above Statement of Confidentiality will be cause to terminate a volunteer. I have read, understand and agree to abide by this Statement of Confidentiality.

Volunteer Signature

Date