

Filling Station
PO Box 222 221 Main Street
Pollocksville, NC 28573
252.224.1127

Filling Station is a 501(c)(3) organization working in Jones County to fill unmet needs as it relates to nutrition, education, and connection to the citizens of Jones County. We invite volunteers age 9 (or in 3rd grade) and older and of any race or creed to engage with our clients at our site, online, and by providing various services. Individual volunteers under the age of 18 must have a parent or guardian sign the application.

We collect this basic information to be able to provide statistical reports to funding agencies.

After we receive your application, we will contact you and arrange for you to attend our volunteer orientation. All information on this form will be kept confidential and will help us find the perfect volunteer match to fit your interests and skills. Please be advised that, since we work with a vulnerable population, we require a criminal background check. By signing this form, you have given us permission to obtain a background check.

Volunteer Application Form:

First Name: _____

Last Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone:

Email: _____

Understanding that the Filling Station primarily uses electronic communication, my preferred method of contact: (mark one) email text phone

Employer (if applicable) _____

Date of Birth: _____ Gender: _____ Race:

Do you have skills, special interests or experience that you would like us to consider?

Volunteer preference:

Mark one: ___ Regular schedule ___ As needed for project/event

If regular schedule, what days and time are preferred?

Physical limitations:

Please describe.

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

Email: _____ Cell: _____

Liability Release:

As a volunteer of Filling Station, I agree to abide by all policies and procedures as spelled out in the volunteer handbook and other organizational documents. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

I hereby grant permission to the Filling Station, their legal representatives and assigns, those for whom the Filling Station is acting, and those acting with their authority copyright and use, re-use, and publish, and re-publish photographic portraits or pictures, television/video, web and radio/audio recordings of me without further consideration, and I acknowledge that the Filling Station may crop or treat the photographs at its discretion. I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy, printed or recorded.

Check one:

___ *I hereby warrant that I am age 18 or older and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.*

___ *I hereby warrant that I am the parent or guardian of the above-named applicant and have every right to sign on his/her behalf in the above regard. I state further that I*

*have
read the above authorization, release and agreement, prior to its execution, and
that I
am fully familiar with the contents thereof and have reviewed them with the
applicant.*

Applicant (age 18 and older):

Signature: _____ Date: _____

Signing on behalf of applicant under age 18:

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

For the Filing Station:

Approved: _____ Date: _____