

Isabella Community Soup Kitchen

621 S Adams - PO Box 872, Mt Pleasant, MI 48858

Office: (989) 772-7392 Email: info@icsk.org



Volunteer Application

We ask that all volunteers complete the following prior to start of your first shift:

- ✓ Volunteer Application
- ✓ Release of Liability
- ✓ Orientation Session

Upon completion, volunteers will be scheduled and contacted accordingly. There are three shifts available: 8:00 am-1:30 pm, 8:00 am-11:00 am, 10:30 am-1:30 pm.

Volunteers experiencing fever, vomiting or diarrhea should call the office to cancel scheduled shifts. You must be symptom free for at least 24 hours before returning. Please call the office at (989) 772-7392 or email (info@icsk.org) **24 hours in advance** if you are unable to fulfill a scheduled shift. Failure to call-in or show up for a scheduled shift may impact future volunteer opportunities.

*** Minors under the age of 18 must be accompanied by an adult at all times**

All volunteers must abide by the Kitchen Rules as posted, including no cell phone usage and no eating in the kitchen area.

HEALTH AND SAFETY REQUIREMENTS		
Wear jeans or work pants	Wear tops with long, $\frac{3}{4}$ sleeves	Wear closed shoes with non-slip soles
Hands must be clean	No hand or wrist jewelry	Gloves as required
*Hair restrained by baseball cap or hairnet/beard net	*Aprons required in the kitchen (removed during any breaks)	No smoking with 25 feet of any building entrance

** Provided by Isabella Community Soup Kitchen*

Volunteers will report to the Kitchen Manager for directions, assignments, etc.

Volunteers Must Be Able To:

- ✓ Work under the supervision of the Kitchen Manager in a commercial kitchen with risk of burns and cuts
- ✓ Work well with others in a team-oriented environment
- ✓ Perform physical requirements of the job: frequent lifting, carrying/moving up to 50 lbs.
- ✓ Work in varying temperatures including heat
- ✓ Stand unaided for the duration of an assigned shift
- ✓ Prepare and/or serve meals in accordance with policies, procedures and health department regulations
- ✓ Follow verbal directions

And Agree To:

- ✓ Treat all workers, patrons and volunteers with respect, dignity and courtesy
- ✓ Observe all safe food handling procedures and policies
- ✓ Follow all kitchen rules
- ✓ Fulfill schedule commitments



Printed Name: _____

Signature: _____

Date: _____

If you are under 18, your parent or guardian must sign

Volunteer Information - Please Print

Name: _____

Address: _____

Telephone: _____ Email: _____

Allergies: _____ Medical limitations: _____

Emergency Contact Information

Name: _____ Relationship: _____

Telephone: _____

Affiliated Organization: _____

(Church, Service Organization, etc.)

Student Volunteer: _____

(School/Class)

Community Service: _____

*(Court-Ordered – Charge & Required Hours) *Charges of violent crimes including sexual or physical assault are not accepted*

Talent Bank

Please check any special skills, trades, etc. we can include in our talent bank for special project needs.

Available for Call In		Building Trades	
Clerical		Cooking	
Maintenance		Mechanical	
List Other Skills			

****For Office Use****

_____ ID copied/attached

_____ Application complete

_____ Orientation complete

Release of Liability Isabella Community Soup Kitchen



I am aware that participation in the Isabella Community Soup Kitchen (ICSK) involves risks associated with preparing and serving meals, handling unprepared foods, storing food, handling soiled table service, and other activities which could occur in and around a kitchen or dining area. Some of these risks may involve but are not limited to the following:

- Lifting injuries
- Burns
- Slip and fall injuries
- Minor injuries (ex: cuts and lacerations)
- Loss of personal belongings
- Exchange of infectious diseases including hepatitis

I release the ICSK and its agents, employees and Board of Directors from liability for any loss, damage and claims, including attorney's fees, for injuries to me or loss of property arising directly from my involvement with the ICSK.

I hereby hold harmless ICSK, its agents, employees and Board of Directors from any claims, actions or damages relating to, or arising from any activities related to participation with the ICSK.

This release is effective to me, my personal representatives, assigns and heirs.

I know if I am injured while participating with the ICSK, I am responsible for healthcare expenses, and I have made arrangements to handle such expenses through insurance coverage or other methods.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE PROVISIONS, ORIENTATION MATERIALS PROVIDED AND VOLUNTARILY SIGN THIS RELEASE AND INDEMNITY AGREEMENT.

Printed Name: _____

Signature: _____

Date: _____

If you are under 18, your parent or guardian must sign