

BUIST COMMUNITY ASSISTANCE CENTER

870 74th St SW, Ste B
Byron Center MI 49315
director@buistcac.org
www.buistcac.org
616.583.4080

**This questionnaire is confidential
and will only be viewed by
BCAC management.**

*Buist Community Assistance Center
is an independent non-profit
organization. This institution is an
equal opportunity provider.*

SKILL SET & JOB INTEREST

PANTRY

- ◇ BAGGING GROCERIES
- ◇ STOCKING SHELVES
- ◇ STOCKING REFRIGERATED
- ◇ REPACKAGING BULK FOOD
- ◇ CLEANING SALVAGE FOOD
- ◇ SORT INCOMING DONATIONS

WAREHOUSE

- ◇ DRIVER – VAN
- ◇ DRIVER – 26' BOX TRUCK
- ◇ HI-LO OPERATOR
- ◇ WAREHOUSE–PROJECTS (LIFTING)
- ◇ MAINTENANCE – VEHICLES
- ◇ MAINTENANCE – FACILITY

OFFICE / CLIENT SERVICES

- ◇ COMPUTER SIGN-IN OF CLIENTS
- ◇ OFFICE – PHONE, DATA ENTRY, ETC.
- ◇ CLIENT FINANCIAL COUNSELING
- ◇ CLIENT INTAKE INTERVIEWS &
RESOURCE COUNSELING

OTHER

- ◇ CLOTHING CLOSET
- ◇ CLEANING – FACILITY
- ◇ COOKING VOLUNTEER LUNCH
- ◇ OTHER: _____

VOLUNTEER APPLICATION

TODAY'S DATE: ____/____/____

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: (_____) _____ – _____ home / mobile

EMAIL: _____

DATE OF BIRTH: ____/____/____

LIFTING: ___ NONE ___ 10 LB ___ 20 LB ___ 50 LB ___ MORE

Explain any physical disabilities or limitations: _____

Have you ever been convicted of a felony? _____

If yes, please explain: _____

How did you hear about BCAC & decide to volunteer? _____

Any special skills/experience that you would like us to know about?

DAYS AVAILABLE

- ◇ MONDAY
- ◇ TUESDAY
- ◇ WEDNESDAY
- ◇ THURSDAY
- ◇ FRIDAY (AM)
- ◇ SATURDAY (AM)

HOURS AVAILABLE

- ◇ MORNING
- ◇ AFTERNOON
- ◇ ALL DAY
- ◇ ANY

FREQUENCY

- ◇ WEEKLY
- ◇ 2x/MONTH
- ◇ 1x/MONTH
- ◇ WORK
PROJECTS

NOTICE: A background check is performed on all volunteers.
A release form will be provided once you are assigned a volunteer position.

EMERGENCY CONTACT NAME: _____

EMERGENCY PHONE: (_____) _____ - _____ home / mobile

Liability Waiver and Release

1. I hereby release Buist Community Assistance Center from, and waive on behalf of myself and my heirs and any minors indicated below, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or failure to act, of Buist Community Assistance Center, or that may otherwise arise in any way in connection with any voluntary activities with or for Buist Community Assistance Center. This Liability Waiver and Release extends to Buist Community Assistance Center together with all of its officers, directors, affiliates, and agents.
2. I assume the risk of any and all dangerous conditions in and about Buist Community Assistance Center facilities or in connection with any off-site voluntary activities.
3. It is my intention by this Liability Waiver and Release to exempt Buist Community Assistance Center and all officers, directors, affiliates, and agents from all liability whatsoever for personal injury, property damage and wrongful death.

Date: _____/_____/_____

Name: _____

Signature: _____

Minor's Name: (if applicable) _____

For Office Use Only:

Eligible to Volunteer? Yes / No If no, explain: _____

Volunteer State Date: _____/_____/_____ Fork Lift Training Required? Yes / No

If Driver, MVR Results: _____ Points DUI (date) _____

If on parole or probation: Court Officer's

Name _____ Phone #: (_____) _____ - _____