**Application for Membership**

~ Food Rescue of Sky Valley ~

19916 Old Owen Rd #1133

Monroe, WA 98272

https://www.foodrescueofskyvalley.org

*Contact: business@foodrescueofskyvalley.org*

**Member-Family Contact Information:** (Primary contact) Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member-Family Household Details:**

# Please list *all* adults from your household who will visit the Distribution Site (\*note that only the adults -all over age 18- listed on this application may visit the Distribution Site). Please also list the minor children’s names and their ages in this Member-Family’s household:

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# We care about our members and their safety; one of the questions we need to ask is, ‘Has anyone listed on this application ever been convicted of a felony?’ Y N If Yes, then please provide an explanation on the back of this form or on another sheet of paper.

# Membership Year and the Organization’s Financial Need for Fundraising:

This Organization has a fiscal year of March 1st to February 28th of the following year. Memberships end February 28th; renewal is required.
All member-families are expected to contribute financially, either through fundraising or direct contribution.

The contribution amount is determined by the Board of Directors and will be announced no later than January prior to the fiscal start of March 1st. Membership numbers as well as the annual budget drives the amount required from each member-family; the current amount is set at $300. Annual contributions, either fundraised or donated, are always due before the fiscal year begins; the last day to submit contributions is February 28th so all member-families are up to date.

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**Please read and initial in agreement**: I understand FRSV is an organization which requires each Active Status Member-Family to contribute volunteer hours as is determined by the team Director (minimum of 12 hours per month). **Initials:** \_\_\_\_\_\_\_\_\_

**Food Rescue of Sky Valley’s (FRSV) MEMBERSHIP AGREEMENT:**

We, the undersigned, hereby acknowledge that while participating in any activities affiliated with FRSV, we do so at our own risk and understand that we are responsible for the actions of the minor children in our care as well as of ourselves. We agree to uphold FRSV’s policies and procedures, and to make sure the minors in our care do so also; No one under the age of 18 may do a driving job.

We, the undersigned, waive all liability against the growers, farm operators, Distribution Site owners/operators, residential or commercial donors, FRSV, and their agents; for any claims, demands or injuries we, the undersigned and the minor children in our care might incur while participating in FRSV related activities.

We, the undersigned, also understand that to participate with FRSV as a Member-Family we must carry current automobile insurance for our vehicles and have on our person a valid driver’s license. We also understand that we must provide, to FRSV, a photocopy of current drivers license or state issued photo ID and auto insurance for all adults listed on this application. If any provided documentation expires during the membership year, we understand that we must provide, in a timely manner, current updates to membership.

As members we, the undersigned, agree not to profit from, or sell any items donated to FRSV. This includes, but is not limited to, using any donated FRSV item in a daycare or adult family home situation.

As members we agree to participate in the Annual Meeting of the Members and the FRSV fundraiser event per membership year.

As members, we agree to have a current State of Washington Food Worker’s Card for all adults that participate with FRSV activities and/or visit the Distribution Site independently of other authorized adults.

**FRSV NON-COMPETE AGREEMENT**: FRSV's greatest resource is the relationships it develops with businesses that provide the resources collected by FRSV. These relationships are procured and cultivated on behalf of FRSV, and are the primary asset of the organization. All members of FRSV, both while active members and for a period of 5 years thereafter, agree not to in any way damage or interfere with these relationships, and specifically will not solicit, directly or indirectly, a relationship on behalf of any individual or entity other than FRSV. It is specifically agreed and understood that violating this agreement will result in damages owing to FRSV of no less than $500, plus attorney's fees, court costs, and any and all other remedies provided by law.

**We, the undersigned (all listed adults on this application), have read and understood the above policies of FRSV and agree to comply:**

Printed & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Primary)

Printed & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Spouse/Partner)

Printed & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Adult Child or Other Adult listed on this application)

Printed & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Adult Child or Other Adult listed on this application)

*\*\*\* COMPLETION OF THIS APPLICATION IS NOT A GUARANTEE OF MEMBERSHIP \*\*\**

**CHECK-LIST for completing an application to FRSV:**

* Sign or Initial: Appropriate locations on front and back of application; completed by ***all*** adults that are listed
* Enclosed: Photocopy of driver's licenses or state-issued photo IDs for ***all*** adults listed on this application
* Enclosed: Photocopy of auto insurance proof/card for this Member-Family
* Enclosed: Photocopy of Food Worker’s Card for the State of Washington (it’s required for all volunteer work)
* Enclosed: This application - keep a copy for your records.
* Mail to: Food Rescue of Sky Valley, 19916 Old Owen Rd #1133, Monroe, WA 98272 or feel free to hand to someone in the organization

**THE APPLICANT’S CONTRIBUTING DATA FORM**

This information is used to determine best fit with FRSV’s existing volunteer base

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What, do you feel, makes your family a good fit for this organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Having a vehicle that can carry product to and from the Distribution Site is a valuable asset to the organization; what type of vehicles do the applicants drive and/or have access to use? (Make/Model or Type)

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Employers often offer matching grants to volunteer organizations; Please list employers of applicants you believe could provide potential grant opportunities for FRSV:

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Availability; Please check all boxes that show your availability which apply to this applicant’s household (note majority of opportunities for volunteering hours are during typical school hours, including weekends):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| General timing: | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| 7am-9am |  |  |  |  |  |  |  |
| Mornings |  |  |  |  |  |  |  |
| Mid-Days |  |  |  |  |  |  |  |
| Afternoons |  |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |  |

Use this space to thoroughly describe the availability of this Household for participating with the organization. For example: Childcare needs, 9-5 job, Regular or seasonal sporting events, Extended vacationing, etc...:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have any lifting limitations please explain; include if it is temporary or a permanent situation:

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