



PLEASE PRINT ALL INFORMATION.

Name: _____

Mailing Address: _____ City, Zip: _____

Home Phone: _____ E-Mail Address: _____

Cell Phone: _____ DOB (mm/dd/yy): _____

Any health concerns that the Food Shelf should be aware of: _____

Emergency Contact (Name, Relation to you and Phone Number): _____

Required Information

How did you hear about this volunteer opportunity?: _____

Why are you interested in volunteering at the White Bear Area Emergency Food Shelf?: _____

Past or present volunteer experience: _____

Can you make a 6-month commitment to volunteering at the Food Shelf? Yes No

Can you volunteer on an every-other week basis? Yes No

At times, some of the volunteer positions require heavy lifting, up to 40 pounds.
Are you able to perform this job responsibility? Yes No

Do you give us permission to do a background check? Yes No

Optional – Many employers participate in Volunteer Grant Programs. The following information may help us access important financial support.

Faith Group/Church you belong to: _____

Community organizations you belong to: _____

Present or Previous Place of Employment: _____

Does your employer/corporation match funds for charitable organizations? Yes No

I am interested in volunteering at the Food Shelf in the following area(s):

FOODSHELF

- _____ Assisting neighbors with Market shopping
- _____ Sorting, organizing and stocking food
- _____ Pick-up/delivery of food donations
- _____ Work in the Community Roots Garden
- _____ Intake work assisting neighbors with resource needs

GREETER/OFFICE ASSISTANCE

- _____ Greet neighbors, answer phones, make neighbor appointments, etc.
- _____ Data entry/computer work
- _____ Administrative/Support work

KID Pack Program (School Year Only)

- _____ Weekly delivery of KidPacks to schools

OTHER

- _____ Handyman for general projects

Please list any other skills that you would like to share with the Food Shelf:

We ask that our volunteers keep all information on clients confidential. Are you willing to take on this responsibility of confidentiality of client information? Yes No

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

PHOTO RELEASE

I give permission to the White Bear Area Emergency Food Shelf to use photos/videos that may include me or publication or to be kept on file for future publications. I hereby agree to allow the White Bear Area Emergency Food Shelf to use my image for promotional purposes.

STATEMENT OF UNDERSTANDING

I verify that the information on this application is true, complete and correct and I understand that if it is not it will result in disqualification from working as a White Bear Area Emergency Food Shelf Volunteer. I agree to support the White Bear Area Emergency Food Shelf's mission of *providing food and support to our neighbors in need, in partnership with the communities of the White Bear Area.*

Signature: _____

Date: _____