



## Volunteer Application & Agreement

### PLEASE PRINT ALL INFORMATION CLEARLY

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Employer/Retired From: \_\_\_\_\_

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

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

How did you hear about the food shelf: \_\_\_\_\_

Are you 16 years of age or older? Yes  No

Do you need community service hours? \_\_\_\_\_ If so, why? \_\_\_\_\_

*Please be aware that according to food shelf policy we are unable to assist with community service hours related to theft or violence.*

What role(s) are you interested in?  Stocker  Greeter  Market  
 Donation Sorting  Food Rescue Driver  Kid Pack Assembly  
 Delivery Box Packing  Scheduler  Free Produce Market

### Confidentiality Agreement

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 Food Shelf to use photos/videos that may include me for publication or to be kept on file for future publications. I hereby agree to allow the White Bear Area 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 Food Shelf Volunteer. I agree to support the White Bear Area Food Shelf's mission of *providing food and support to our neighbors in need, in partnership with the communities of the White Bear Area. I also agree that my email may be used for official WBAFS newsletter/communications.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Requirements & Agreement - During COVID-19

During the COVID-19 pandemic, we are committed to providing a safe volunteer experience and follow the recommendations made by the MN Department of Health and the Center for Disease Control.

### Who can volunteer?

- Volunteers who are 16 years of age or older. Ages 12-15 with an adult for Free Produce Markets, Kid Pack Assembly, Delivery Box Packing, and Donation Sorting shifts.
- Volunteers who have not experienced any symptoms of COVID-19 or tested positive for COVID-19 in the past 10 days.
- Please follow the current CDC Guidance if you have been exposed:  
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html>

### The following precautions will be taken during the volunteer shift:

- Volunteers will follow social distancing guidelines.
- Volunteers will wash their hands upon arriving at the Food Shelf or offsite volunteer shift and practice good handwashing practices throughout their shift. Gloves are not required but may be worn as long as they stay clean and sanitized (gloves can be provided).
- Masks are provided and optional for all staff and volunteers, unless otherwise advised by the MN Department of Health or the CDC.
- Volunteers who have been exposed to someone with COVID-19 will wear a mask while volunteering for 10 days past exposure date.
- Precautions may change based on the recommendations of the MN Department of Health and the community transmission levels.

**I agree to the requirements and safety precautions listed above:**

**Volunteer Name:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please bring this signed application and agreement to your first volunteer shift\*\*\***

**Thank you for your commitment to our community through  
a healthy and safe volunteer experience!**