



Volunteer Application & Agreement

PLEASE PRINT ALL INFORMATION CLEARLY

Name: _____ Pronouns: _____ Date: _____

Mailing Address: _____ City, Zip: _____

Cell Phone: _____ Email Address: _____

Home Phone: _____ Birthdate (mm/dd/yyyy): _____

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

Emergency Contact – Name/Relation to you: _____

Emergency Contact – 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? Community Market Curbside Pick-Up Front Desk/Data Entry
 Donation Sorting Food Rescue Driver Kid Pack Assembly
 Free Produce Market Warehouse Garden

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

Employer or Organization: _____

Are you retired from this employer/organization? Yes No

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

If so, do they match for: Employee Service Hours Employee Financial Donations

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*. I also agree that my email may be used for official WBAFS newsletter/communications.

Signature: _____ Date: _____

*****Please bring this signed application to your first volunteer shift*****

Thank you for your commitment to our community and the neighbors we serve!