

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

I prefer to be contacted by Email Home Phone Cell PhoneDate of birth: _____ Are you at least 18 years old? Yes No
mm / dd / yyyy Volunteers under age 14 must be accompanied by a supervising adult.

Volunteer Affiliation

I am volunteering as:

- a Community Volunteer
- a member of a Faith Community: _____
- a student from a School: _____
- a member of a Service Group: _____
- an employee of a Company: _____
- a Court-Mandated Community Volunteer

Have you volunteered at the pantry during the last year? Yes No

Volunteer Preference and Availability

The Pantry is open Tuesdays & Thursdays Noon-2 p.m. and 5-7 p.m. Volunteers usually start at 11:30 a.m. and 4:30 p.m. Food Stockers may start earlier. Food Pick-Up Volunteers help when needed (may be any day of the week).

How would you like to help?

- General work:** Date-check, restock pantry shelves, and bag groceries (inside only)
- Take bags of food to cars:** Physical strength needed
- Greet and register clients:** Will be trained
- Sanitize the pantry:** Wednesdays and Fridays - Please indicate which day: Wed. Fri.
- Food Pick-Up Volunteer:** collect food from grocery stores, restaurants and other local businesses

When would you like to volunteer?

- Tuesday afternoon Thursday afternoon
- Tuesday evening Thursday evening

Emergency Contact Information

Last Name: _____ First Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Liability Waiver

I agree to act as a volunteer for The Falls Area Food Pantry (FAFP) without expectation of pay or benefits. I agree to comply with the rules and regulations established by FAFP and understand that failure to do so may result in removal as a volunteer.

I understand that there are certain risks inherent in working as a volunteer for FAFP, and I do so at my own risk. I also understand that if an accident or injury should occur, I will seek any necessary medical attention utilizing my own medical insurance.

I agree to indemnify and hold harmless FAFP, its directors, agents and volunteers from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including but not limited to attorney's fees and disbursements, arising from my activities as a volunteer for FAFP.

I have read the above waiver and state that I have understood it, and that I am voluntarily signing it without any inducement from any member of the FAFP staff.

Printed Name: _____

Signature: _____ Date: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

(If you are under age 18, you must have a parent/guardian signature. The signature means that your parent/guardian consents to your volunteering for the Food Pantry and is signing the liability waiver on your behalf.)

Media Release

Falls Area Food Pantry takes photos and videos (media) of its volunteers from time to time for use in support of its mission. By signing below, I agree to allow FAFP to publish such media which may contain my personally identified image and/or voice without any payment to me. I also release and hold harmless FAFP from any and all damages relating to the publication of such media.

I consent to the Media Release.

I do not consent to the Media Release. Please don't use photos or other materials of me.

Printed Name: _____

Signature: _____ Date: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

(If you are under age 18, you must have a parent/guardian signature. The signature means that your parent/guardian is signing the media release on your behalf.)

To be completed by FAFP staff:

This volunteer has read and signed the **TEFAP Confidentiality and Non-Disclosure Agreement**.

Signature of staff member: _____ Date: _____



Volunteer Registration

Thank you for your interest in volunteering with the Falls Area Food Pantry!

Please deliver your completed application to the Pantry at N85 W15382 Menomonee River Pkwy, Menomonee Falls, WI 53051, mail it to the Pantry at PO Box 238, Menomonee Falls, WI 53052 or email it to volunteer-chair@fallsfoodpantry.org.