

# Volunteer Application

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 Phone

Date of Birth: \_\_\_\_\_  
mm / dd / yyyy Volunteers under the age of 14 must be accompanied by a supervising adult.

I understand that as a volunteer, if I am 18 years of age or older, I am subject to a background check that will be conducted by FAFP and I agree to sign any and all releases to facilitate. \_\_\_\_\_ (Initial)

Have you ever had your volunteer application denied? Yes No

I am volunteering as:

- a Community Volunteer
- a member of a Faith Community (if affiliated with a church, please specify which one): \_\_\_\_\_
- a Court-Mandated Community Volunteer

## Volunteer Preference and Availability

The Pantry is open Tuesdays & Thursdays from 12-2 p.m. and 5-7 p.m. Volunteers start at 11:15 a.m. and 4:30 p.m.

How would you like to help?

- General work: date-check, restock pantry shelves and bag groceries (inside only)
- Check-in/register clients: will be trained on computer software (inside/outside)
- Take bags of food to cars: physical strength needed (inside/outside)
- Food pick-up: collect food from grocery stores, restaurants and other local businesses as needed
- Special projects on an as needed basis (inventory, data entry, other duties as assigned)

When would you like to volunteer?

- Tuesday afternoon  Thursday afternoon
- Tuesday evening  Thursday evening
- Other (please specify days/times) \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 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.

**If choosing to type my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.**

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

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.

**If choosing to type my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.**

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

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.)

**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 [info@fallsfoodpantry.org](mailto:info@fallsfoodpantry.org).