

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 18 MUST be accompanied by a supervising adult.**

Current Employer? _____

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 a FAFP volunteer application denied? Yes No

Volunteer Affiliation: I am volunteering as:

- a Community /School 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 - How would you like to help?

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

- General Pantry work: date-check, restock pantry shelves, bag groceries or take food to cars***
- Greet, Register or Shop with clients***
- Administrative Support: Requires software skills***
- *REQUIRES A BACKGROUND CHECK & COMPLETED TRAINING SESSION**

- Food pick-up: collect food from grocery stores, restaurants and other local businesses as needed
- Special projects on an as needed basis:
 - Special Events/Projects
 - Inventory
 - Spring/Fall clean up (inside/outside)
 - Facility Maintenance

When would you like to volunteer?

- Monday afternoon or evening Wednesday afternoon or evening
 Tuesday afternoon or evening Thursday afternoon or evening
 Other (please specify days/times) _____

Emergency Contact Information

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Do you have any allergies and/or medical conditions you want us to be aware of?

Do you have any talents or skills you want us to be aware of?

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 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 FAFP representative(s).

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 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.

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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.

Revised 3-20-24