



Volunteer Application – Food Pantry

Contact Information

Name (First, Last, Middle Initial)				
Street Address (no PO Box)				
City, State, Zip Code				
Previous Address (if at current address less than 7 years)				
Home Phone				
Cell Phone				
E-Mail Address				
What is the best way that we can contact you? (You may circle more than one)	Paper Mail	Email	Phone Call	Text Message
Birthdate (REQUIRED) – mm/dd/year				
Non-Emergency Contact (Name & Phone)				

Do you speak any other languages? Yes _____ No _____

If Yes, what languages? _____

How did you learn about this volunteer opportunity? Please circle one:

Volunteer Center of Racine County RSVP VolunteerMatch.org

AllForGood.org Other

If you circled "Other", how did you learn about this volunteer opportunity? _____

Are you currently a client of the Food Pantry? Yes _____ No _____

Military Status (if applicable): Active _____ Veteran _____

Are you acquainted with or related to any of the Food Pantry current or past volunteers? Yes ___ No ___

If yes, Who? _____

Availability

During which hours are you available for volunteer assignments? (You may choose more than one)

- Weekday mornings Weekday afternoons
- Weekday evenings Weekend mornings
- Weekend afternoons Weekend evenings

Interests

Tell us in which areas you are interested in volunteering. (You may choose more than one)

Client Services Team

- Greeter
- Client Check-In
- Guest Attendant
- Food Distribution Attendant
- Personal Shopper
- Carts/Grocery Assistance
- Parking Lot Attendant

Reset Team

- Facilities Care/Cleaning (Ongoing throughout day)
 - End of Day Cleaning/Closing
- #### Other
- Team Leader
 - Facilities Maintenance
 - Volunteer Coordinator

Product Care Team

- Pick-Up
- Receiving
- Loading/Unloading
- Sorting/Produce Preparation
- Stocking
- Delivery

Special Skills or Qualifications

Employer / Retired From: _____

Area or field of work experience.

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Are you CPR Certified? (Please circle one) Yes No

Previous Volunteer Experience

Summarize your previous volunteer experience.

More About You

Tell us about yourself, including what you expect to gain from volunteering with Giving To The Nations, Inc. at the Food Pantry.

List any health conditions or physical limitations that may affect your job assignment. For example: Standing, Lifting, etc.

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People Who Know Me (non-relatives) #1

Name (First, Last)	
Street Address (no PO Box)	
Phone	
How Acquainted	

People Who Know Me (non-relatives) #2

Name (First, Last)	
Street Address (no PO Box)	
Phone	
How Acquainted	

Person to Notify in Case of Emergency

Name (First, Last)	
Street Address (no PO Box)	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this Volunteer Application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I further understand that Giving To The Nations, Inc. will conduct a background check on me. I understand that Giving To The Nations, Inc. is not obligated to accept me into their volunteer program and that if accepted they or I may terminate the volunteer agreement at any time. If accepted, I understand that false or misleading information given in my application(s) or interviews(s) may result in discharge at any time. I agree to treat all information I may hear, see, read or otherwise acquire as highly confidential and I will not reveal or discuss this information outside of my official duties at the Giving To The Nations, Inc. Food Pantry.

Name (printed)	
Signature	
Date	

Thank you for completing this Volunteer Application form and for your interest in volunteering with Giving To The Nations, Inc.

Please mail completed Volunteer Application form to:

Giving To The Nations, Inc. - Food Pantry

Attn: Pastor Lynn Nys

3312 Washington Ave

Racine, WI 53405

OR

Email: LNys@GivingToTheNations.org