

VOLUNTEER APPLICATION

		Today's Date			
Please Print Your Name		Date of	Birth	— Day	Year
Address Where You Live		Town_		Zip (Code
Home Phone	Email				
Cell PhoneCan you accept text messages? Emergency Contacts	Preferred Pronouns □ Yes	□ No			
Name		Relation	nship		
Phone		Alterna	e Phone		
Name		Relation	nship		
Phone		Alterna	e Phone		
What do you hope to gain by volunteering w	ith the Pantry?				
Do you have a valid driver's license? If yes,	attach a copy.		Yes		
			1 C5		□ No
Do you speak Spanish?					□ No □ No
Do you speak Spanish? Do you speak another language? If yes, what	i language?		Yes		□ No
• •			Yes		□ No

☐ Assisting with f	food drives	op-Up Pantries (seasonal a filing, data entry, research YES	* ,	
Do you have customer	r service experience?			
What other skills do ye	ou have?			
When can you be avai	<u>lable?</u>			
<u>Monday</u>	<u>Tuesday</u>	Wednesday	<u>Thursday</u>	<u>Friday</u>
☐ Prep 8:45am-11pm	☐ Bundle Packing 9am-11am	☐ Prep 8:45am-11pm	Prep 8am-10am	☐ Bundle Packing 9am-11am
Distributing 12:45pm-4:15pm	Delivering 10:30am-11:30am	Distributing 12:45pm-4:15pm	Distributing 9:45am-2:15pm	Delivering 10:30am-11:30am
		☐ Distributing 4pm-7:15pm		
Weekend/Other:				
As a volunteer, you will h	nave the opportunity to m	ake a difference in the live	es of fellow community m	nembers.
Qualifications required fo	or this position are:			
1. A smile along wi	th a positive attitude and	a willingness to serve othe	ers	
2. A belief that <u>eve</u> and courtesy at a		pantry for food assistance	is to be treated with dign	iity
3. A neat and pleas	ant appearance when wor	king with any recipient, do	onor or vendor	
4. Ability to comm	unicate well			
5. Ability to listen				
PLEASE .	READ THE FOLLOW	ING CAREFULLY AN	D THEN SIGN AND	DATE IT.
		Photo Release		
		use such photographs of urposes as publicity, illustr		
	Sta	atement of Confidential	ity	
use the food services provolunteer or I am asked t	any time disclose the nam vided by the Gunnison C	es, addresses or any identi ountry Food Pantry. I als t clients' privacy by not dis	fying information about a o agree that if we choose	to no longer be a
		ts with any of my co-volu- untry Food Pantry Directo		
I understand that it is a policy of confidentiality a	0	for the Gunnison Country	Food Pantry and that I	will strictly adhere to this
Your Signature		Date		
J				

For Office Use: Who signed this person up? _____ Entered in database _____ Name tag made_____