



GUNNISON COUNTRY

Food Pantry

— La Despensa de Alimentos —

VOLUNTEER APPLICATION

Today's Date _____

Please Print Your Name _____

Date of Birth _____
Month Day Year

Address Where You Live _____

Town _____ Zip Code _____

Home Phone _____

Email _____

Cell Phone _____

Preferred Pronouns _____

Can you accept text messages?

Yes

No

Emergency Contacts

Name _____

Relationship _____

Phone _____

Alternate Phone _____

Name _____

Relationship _____

Phone _____

Alternate Phone _____

How did you learn about volunteering at the Pantry?

What do you hope to gain by volunteering with the Pantry?

Do you have a valid driver's license? If yes, attach a copy.

Yes

No

Do you speak Spanish?

Yes

No

Do you speak another language? If yes, what language? _____

Do you have any lifting restrictions? _____

Are you willing to be called on short notice to help, (Same Day)?

Yes

No

Check which tasks you find interesting:

- Picking up food from vendors (City Market, Safeway, Walmart and others)
- Stocking and sorting food
- Packing food for deliveries
- Grocery shopping for the Pantry
- Delivering food to residencies
- Greeting customers and assisting with grocery choices
- Language Translator
- Assisting with the monthly food delivery to the Pantry (1st Wednesday of the month)

- Assisting with Fresh Mobile Pantry or Pop-Up Pantries (seasonal and special events)
 - Assisting with food drives
 - Performing administrative tasks such as filing, data entry, research or statistics
- YES NO

Do you have customer service experience?

What other skills do you have?

<u>When can you be available?</u>				
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<input type="checkbox"/> Pickups 8:30am-10am	<input type="checkbox"/> Pickups 8:30am-10am	<input type="checkbox"/> Pickups 8:30am-10am	<input type="checkbox"/> Pickups 8:30am-10am	<input type="checkbox"/> Pickups 8:30am-10am
<input type="checkbox"/> Prep 8:45am-11am	<input type="checkbox"/> Bundle Packing 9am-11am	<input type="checkbox"/> Prep 8:45am-11am	<input type="checkbox"/> Prep 8am-10am	<input type="checkbox"/> Bundle Packing 9am-11am
<input type="checkbox"/> Distributing 12:45pm-4:15pm	<input type="checkbox"/> Delivering 10:30am-11:30am	<input type="checkbox"/> Distributing 12:45pm-4:15pm	<input type="checkbox"/> Distributing 9:45am-2:15pm	<input type="checkbox"/> Delivering 10:30am-11:30am
		<input type="checkbox"/> Distributing 4pm-7:15pm		
<u>Weekend/Other:</u>				

As a volunteer, you will have the opportunity to make a difference in the lives of fellow community members.

Qualifications required for this position are:

1. A smile along with a positive attitude and a willingness to serve others
2. A belief that **everyone** who comes to the pantry for food assistance is to be treated with dignity and courtesy at all times
3. A neat and pleasant appearance when working with any recipient, donor or vendor
4. Ability to communicate well
5. Ability to listen

PLEASE READ THE FOLLOWING CAREFULLY AND THEN SIGN AND DATE IT.

Photo Release

I agree that Gunnison Country Food Pantry may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and website content.

Statement of Confidentiality

I agree that I **will not** at any time disclose the names, addresses or any identifying information about any clients who seek or use the food services provided by the Gunnison Country Food Pantry. I also agree that if we choose to no longer be a volunteer or I am asked to resign that I will respect clients' privacy by not discussing any information learned from my volunteer time with Gunnison Country Food Pantry.

I agree that if I have any concerns, or disagreements with any of my co-volunteers, or with pantry operations that I will immediately bring the matter to the Gunnison Country Food Pantry Director for discussion and resolution.

I understand that it is a privilege to be a volunteer for the Gunnison Country Food Pantry and that I will strictly adhere to this policy of confidentiality as stated.

Your Signature

Date

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