



VOLUNTEER APPLICATION

OFFICE USE: Date Started:

22013 Governors Highway, Richton Park, IL 60471 Ph 708-748-6722 Fax 708-748-8796

CONTACT INFORMATION

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home/Work Phone: _____

Email Address: _____ Date of Birth: _____

Do you prefer to be contacted by: (Select Top 2) Text Email Phone Mail

EMERGENCY INFORMATION

Do you have any concerns, special needs or limitations? _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

BACKGROUND INFORMATION

Current/ Previous Employer: _____

Work Experience/Skills: _____

Volunteer Experience: _____

How did you hear about volunteering at the Pantry? _____

COURT AND COMMUNITY SERVICE INFORMATION

Are you volunteering to fulfill court-mandated community service? YES NO #of Hours _____
 (You must provide court documentation in order to receive a verification of community service letter for the court.)

Are you volunteering for community service hours? YES School/Organization: _____
 (Under 18 years old: We require a Parent/Guardian Signature on reverse side of this form.)

INTERESTS AND AVAILABILITY

What type of volunteer effort are you interested in? Check all that apply.

<input type="checkbox"/> Administrative support (mailings, calls, filing)	<input type="checkbox"/> Social Media Liaison
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Quarterly newsletter
<input type="checkbox"/> Data input on computer	<input type="checkbox"/> Sign-in clients on computer 1:15 -3:45 M-F
<input type="checkbox"/> Food packing and distribution 1:15 -3:45 M-F	<input type="checkbox"/> Annual event planning and support 10/15/2017
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Short-notice volunteering (if you are available)
<input type="checkbox"/> Help with grant-writing	<input type="checkbox"/> 2-3 hour shift at nearby Fresh Truck Program
<input type="checkbox"/> Organize/Oversee community food drives	<input type="checkbox"/> Professional Consultant (Indicate Interest below)
<input type="checkbox"/> Produce Day, monthly - 1 st Wed. 8am - noon	<input type="checkbox"/>
<input type="checkbox"/> 3 hour shift at Greater Chicago Food Depository	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hunger Walk Participant/Pledge September	

Place an X at times when you are generally available?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						



All new volunteers must go through an orientation and "On the job training" before they are added to the schedule. Upon receipt of your application, you will be contacted regarding available dates.

Please initial each policy in acknowledgement that you understand/will follow.

- _____ No forms of harassment, violence or offensive speech and behavior will be tolerated.
- _____ All matters pertaining to clients will be considered strictly confidential.
- _____ Cell phone, iPod or headphone use is not permitted during volunteering time. Emergency phone calls only.
- _____ I will tell the pantry staff if I have any type of physical limitation or there is a job or task I do not feel comfortable doing.
- _____ Smoking is only allowed in the designated outside smoking areas. See staff for locations.
- _____ This is a drug and alcohol free workplace. Anyone who appears to be under the influence of either will be asked to leave.
- _____ No weapons or firearms are allowed.
- _____ You must wear closed toed shoes when working in pantry or warehouse. Mid-thigh shorts are ok. Shirts with sleeves are preferred, however no low cut shirts, blouses or midriff tops are allowed. Jeans or pants must be worn appropriately, no sagging or being worn below the waist.
- _____ Food is not for volunteer consumption. Do not take anything from the Pantry, unless you have permission from the Director due to our donor's intent that their contributions be distributed to our clients.
- _____ I will strive to provide a pleasant and welcoming environment for all who visit the Pantry.
- _____ I understand and agree that a background check may be administered as a part of the application process.

I attest that the information I have provided on the form is true and accurate. I understand if I do not follow the guidelines above, I may be asked to leave.

The Pantry of Rich Township has my permission to use photographs and quotations by me for promotional and other purposes. Please check one: YES NO

Signature _____ Date _____

If under age 18:

I give my child _____ permission to volunteer at the Pantry of Rich Township.

Signature of Parent or Legal Guardian _____ Date _____

Printed Name: _____ Phone # _____