

Volunteer Application (Please Print)

Name:		DOB:	Date:	
Address:				
Stre	eet	City	State	Zip
Home Phone:		Work Phone:		
Cell Phone:		Email:		
Work and/or volเ	inteer experience:			
Special skills, ed	ucation, interests or	hobbies:		
Any physical limi	tations that should b	e taken into consideratio	n before volunte	eering?
🗖 no	☐ yes, please describe:			
Have you ever h	ad a criminal convict	ion?		
🗖 no	☐ yes, please describe:			
Are you voluntee	ering to fulfill required	community service?		
🗖 no	☐ yes, please explain:			
Why are you inte	erested in volunteerin	g here?		

Please indicate days and times you are available to volunteer:

Please list 2 people (not relatives) who can provide a reference for you:

1.				
Name, Address, Phone				
2.				
Name, Address, Phone				
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Which volunteer position(s) interests you?				
□ Food Pantry Assistant □	Thrift Shop Assistant			
	Think Shop Assistant			
Emergency Contact:				
Name, Phone, Relationship				

As a volunteer of the East Bay Food Pantry and/or Thrift Shop, I will:

- Be punctual and conscientious in my work and willing to accept supervision.
- Give advance notice (24 hours if possible) if unable to cover a volunteer shift.
- Conduct myself with courtesy, consideration and respect for others.
- Uphold EBFP's non-discrimination policy
- Refer or bring criticisms, problems or suggestions to the appropriate manager.
- Endeavor to make my work the highest quality.

□ I have read or had explained to me the Food Safety Regulations and Procedures for the food pantry. I understand them and agree to follow them to the best of my ability. (Please check box.)

I certify that I have answered the questions on this application truthfully and to the best of my knowledge and that misrepresentation or omission of facts is cause for denial of volunteer opportunity or dismissal as a volunteer. I understand that my services are offered on a voluntary basis, without monetary compensation. I understand that there are certain risks associated with volunteering, and I agree to hold the East Bay Food Pantry and Thrift Shop harmless if I am injured while volunteering.

Signature:

____ Date:_____

Parent/Guardian:

Date:

If under the age of 18, a parent or guardian must sign above.