

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

Which volunteer position(s) interests you?

Food Pantry Assistant

Thrift 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.