



22013 Governors Highway, Richton Park, IL 60471 Ph 708-228-5032

OFFICE USE: Date Started: _____

VOLUNTEER APPLICATION

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 Name: _____ 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 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"/> Mornings: pack bags 10:00 am – Noon M-Th
<input type="checkbox"/> Short-notice volunteering	<input type="checkbox"/> Food distribution 12:45-3:15 Tues. & Thursday
<input type="checkbox"/> Data input on computer	<input type="checkbox"/> Sign-in clients 12:45-3:15 Tues. & Thursday
<input type="checkbox"/> Free Produce Day 2 nd Fri. of month 8:00am-Noon	<input type="checkbox"/> Annual event planning and support

Place an X at times when you are generally available?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Special Events
MORNING						
AFTERNOON						

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.
- _____ 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 # _____