



# VOLUNTEER APPLICATION

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

OFFICE USE:  
Date Started:

## 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 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"/> Mornings: Stock shelves 9:00 am – Noon M-F
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Food packing and distribution 1:15 -3:45 M-F
<input type="checkbox"/> Data input on computer	<input type="checkbox"/> Sign-in clients on computer 1:15 -3:45 M-F
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Annual event planning and support
<input type="checkbox"/> Help with grant-writing	<input type="checkbox"/> Short-notice volunteering
<input type="checkbox"/> Organize/Oversee community food drives	<input type="checkbox"/> Professional Consultant: Interest _____
<input type="checkbox"/> Produce Day, monthly - 1 <sup>st</sup> Wed. 8:30 am - noon	<input type="checkbox"/> Hunger Walk Participant/Pledge
<input type="checkbox"/> 3 hour shift at Greater Chicago Food Depository	<input type="checkbox"/> Other _____

Place an X at times when you are generally available?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						



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 # \_\_\_\_\_