

VOLUNTEER APPLICATION

847-495-0922 or grafftonpantry@foxvalley.net

Date: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

Organization Affiliation, if any: _____

Languages Spoken, or other Expertise: _____

How did you hear about the Grafton Food Pantry? _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Daytime Phone: _____ Eve/Wkd Phone: _____

I am usually available to work: (Please check the day and circle morning, afternoon, and/or evening)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____
m-a-e m-a-e m-a-e m-a-e m-a-e m-a-e

Do you have any physical limitations? _____

I would be interested in volunteering in the following area(s):

- Assist clients during hours of operation (M 3:30 - 7, W, or F 12:30 – 4pm)
- General office projects (data entry, mailings, filing...)
- Food pickup/deliveries (vehicle needed) Type of vehicle _____
- Stocking and rotating food
- Packing holiday food boxes
- Interpreting-List language(s) _____
- Maintenance/cleaning
- Organize a food drive or fundraiser
- Other: _____

Signature: _____

OFFICE USE ONLY

Vol. List: _____ Orientation: _____

CONFIDENTIALITY AGREEMENT: I am aware that Grafton Food Pantry will maintain records pertaining to my skills, background, and activities as a Volunteer. This information will be used to facilitate appropriate volunteer placement based on my skills and interests. I hereby authorize disclosure of this information to the appropriate GFP departments that require access to this knowledge.

I understand and agree that, as a volunteer at GFP, I have/may have access to privileged client information. I agree to hold any and all such client information in strict confidence, except, as provided by law for the release of information and/or in the course of sharing information with GFP staff.

LIABILITY WAIVER AGREEMENT: I understand Grafton Food Pantry, through the Board, employees, and agents will make every effort to ensure the safety and health of each volunteer participant. I understand and agree that neither GFP nor its individual Board members, employees, officers, fellow volunteers, or clients, may be held liable in any way for any occurrence in connection with its programs, which may result in injury, death, disease, or other damages to me.

I hereby give consent to GFP to administer emergency medical attention as a result of illness, accident, or allergic reaction. I understand that my participation in any particular GFP function is not considered mandatory until I have agreed upon such participation.

PHOTO RELEASE AGREEMENT: I hereby give Grafton Food Pantry the right and permission to use my name, voice, comments, image, and/or likeness, (collectively "Materials") in any manner or media, in any location, any number of times, indefinitely, for whatever purpose GFP may choose consistent with it's mission. I further give GFP the right and permission to use, publish, and republish, the Materials through any medium or media, including and without limitation on the internet and any other digital, multi-media, or electronic mediums. I waive any right to approve any use of the Materials.

Releases: I hereby release, discharge and agree to hold Grafton Food Pantry and any person acting on GFP's behalf harmless from any liability whatsoever related in any way to the use of the materials.

CONSENT FOR CRIMINAL BACKGROUND CHECK: I understand and agree that, if I am found to have a criminal background I may be denied the opportunity to work/volunteer for the Grafton Food Pantry. The Board of Directors reserves the right to conduct a criminal background check if deemed necessary.

Please check one:

_____ I warrant that I am not a minor and am competent to contract in my own name

_____ I am a parent and/or guardian signing on behalf of the minor listed above

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof:

Signature /Date _____

Printed Name Phone Number _____

Parent/Guardian Signature /Date _____

These agreements are in effect for duration of your involvement with the Grafton Food Pantry.

Thank you for your interest in volunteering. Please drop the application off at the Grafton Food Pantry, 11482 Allison Court, Huntley, during our current hours of operation or mail to P.O. Box 1074, Huntley, IL 60142.