



TWIN RIVERS Food Pantry

Volunteer Application and Agreement

(Please Print)

Name: _____ DOB: _____ Date: _____

Address: _____ City/Town _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Work and/or volunteer experience: _____

Special skills, education, interests or hobbies: _____

Do you have any physical limitations that should be taken into consideration before volunteering (lifting, mobility, communication, etc.)?

no yes, please explain:

Have you ever had a criminal conviction? no yes, please describe:

Are you volunteering to fulfill required community service? no yes, please describe:

Why are you interested in volunteering 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: _____ Phone: _____

Relation: _____

2. Name: _____ Phone: _____

Relation: _____

Which volunteer position(s) interests you?

- Food Pantry Assistant Produce Room Volunteer Stocker
 Maintenance Pick-up and/or Unload Client support helper

Emergency Contact:

Name: _____ Phone _____ Relationship _____

As a volunteer of Twin Rivers Food Pantry, I will:

- Be punctual and conscientious in my work and willing to accept supervision.
- Give advance notice (24 hours if possible, except in an emergency) if unable to cover a volunteer shift.
- Conduct myself with courtesy, consideration and respect for others.
- Refer or bring criticisms, problems or suggestions to the Pantry Director.
- 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. I understand that misrepresentation or omission of facts requested on this application 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 or other compensation** and no insurance is available.

Upon Signing this document, I hereby waive my rights to all legal action for any reason against Twin Rivers Food Pantry and also assume full responsibility for my own actions which may result in crime, injury, negligence or malice while on the property of TRFP or the property of its agents.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Required if under 18 years of age or a parent or guardian must sign above.



CONFIDENTIALITY AND CONDUCT AGREEMENT

By signing this agreement I, _____, agree to the following:

While I am volunteering, my focus will be on meeting the needs of Twin Rivers Food Pantry (TRFP) located in Franklin, New Hampshire.

I will work my entire volunteer shift as scheduled, to conduct myself in an appropriate manner, to dress in appropriate casual attire, to follow safety procedures, and to be prepared for my shift.

If I cannot make a volunteer shift, I will notify the Pantry Director ahead of time.

As a volunteer, I represent TRFP, and I will not engage in any activity that may cause harm to the TRFP, others or me.

I will not disclose personal information about clients attending TRFP or other persons at TRFP.

The Pantry Director is authorized to terminate the services of a volunteer if that volunteer is disruptive or disrespectful to visitors, other volunteers, or clients.

Participate in required training programs and follow all TRFP policies and procedures.

Encourage participation of and respect for individuals of diverse backgrounds, cultures and perspectives.

I have read and understand this code of conduct and confidentiality agreement.

Volunteer Signature

Date

Pantry Director Signature

Date