

VOLUNTEER INFORMATION FORM

Volunteer Status:

Individual Organization, School, or Other Group Court-ordered Community Service

_____ *(Print name of Group, School/University or Organization)*

Contact Name: _____ Phone #: _____

Volunteer Information:

Full Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip Code: _____

Mobile Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Volunteer Expectations Agreement

1. If any task causes you discomfort, or if you feel it is unsafe or unhealthy to perform a specific task, report the condition to a food bank staff member immediately.
2. Wear sensible, appropriate clothing and footwear for the task(s) at hand. **Closed-toed shoes** are mandatory for all warehouse activities. **No exceptions.**
3. Wash your hands before beginning each shift, after eating, and after using the restroom.
4. Wear gloves when handling perishable food, i.e., fruits, vegetables, etc.
5. Alcohol and other drugs are prohibited in the workplace.
6. No smoking in the warehouse or administrative offices.
7. Only authorized personnel may operate machines or equipment.
8. Report any injury or illness to the Volunteer Coordinator immediately.
9. No food, drink (exception to closed bottles of water), or cell phone use on the warehouse floor.
10. Please avoid conversations, comments and language that are inappropriate in a professional workplace.
11. Harassment of any kind is strictly prohibited.
12. Be aware of your surroundings at all times.
13. Masks are optional.

Acknowledgement:

Signature: _____

Date: _____