

Olean Food Pantry, Inc.

Volunteer Service Application

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Home Phone # _____ Cell Phone # _____

Email _____

Emergency Contact _____ Phone # _____

Education and Work Experience:

Current Employer _____ Phone # _____

Duties _____

Are You Retired? _____

Highest Grade Level Completed (circle one)

(9 or Less) (10) (11) (12) College (1) (2) (3) (4) (Other _____)

Are you enrolled in school? _____ If yes, how many hours? _____

Previous volunteer work experience _____

References:

Name _____ Address _____

Phone # _____

Name _____ Address _____

Phone # _____

How did you hear about our volunteer program? _____

Signature _____ Date _____

Volunteer Service Agreement

Please Read and Sign:

I agree to the following:

Hold confidential all information that I may obtain directly or indirectly concerning all those we serve or see at the Olean Food Pantry

Honor my commitment to a specific job assignment

Become familiar with and adhere to Olean Food Pantry policies and procedures

Discuss any problems, criticism or suggestions with the Manager

Adhere to the volunteer sign-in procedure for recording hours volunteered

Notify the Manager / Assistant Manager if unable to volunteer as scheduled

I understand that the Manager has the right to terminate my volunteer status as a result of:

Failure to comply with Food Pantry Policies

Unsatisfactory attitude, work, or appearance

Any other circumstance, which in the judgement of the Manager, would make continued services as a volunteer contrary to the best interest of the Olean Food Pantry and those we serve.

Signature _____ Date _____