

# West Chatham Food Pantry Volunteer Application

West Chatham Food Pantry  
PO Box 254  
2535 Old US Hwy 421 N, Siler City, NC 27344  
Phone: 919-742-3111



The West Chatham Food Pantry appreciates your willingness to volunteer time for the benefit of senior citizens in our county. To help us be more efficient, we ask that you provide us with some information about yourself:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emg. Contact Phone No: \_\_\_\_\_

When are you able to volunteer? (Circle all that are acceptable.)

|                                   |                 |                 |
|-----------------------------------|-----------------|-----------------|
| <b>Days Available:</b> Monday     | Wednesday       | Friday          |
| <b>Hours Open:</b> 1:00 – 5:30 PM | 11:00 – 2:30 PM | 11:00 – 2:30 PM |
| <b>Times Available:</b> _____     | _____           | _____           |

**Frequency:** Daily      Weekly      Semi-Monthly      Monthly      Other \_\_\_\_\_

### Preferences and Skills:

Check areas you are interested in:

- |   |  |
|---|--|
| <input type="checkbox"/> Bilingual Spanish Speaker    | <input type="checkbox"/> Ability to Lift 10-50 pounds  |
| <input type="checkbox"/> Assist With Clients          | <input type="checkbox"/> Special Events / Fundraising  |
| <input type="checkbox"/> Friendly Phone Answer/Caller | <input type="checkbox"/> Staff Support (mailing, answering phone, etc.)                                    |
| <input type="checkbox"/> Meet Food Delivery Trucks    | <input type="checkbox"/> Tech Literacy (Excel, Word, Quicken, Facebook, Kindle, Nook, Skye, Tablets, etc.) |
| <input type="checkbox"/> Advisory Committee           | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Pack Food Boxes              |  |
| <input type="checkbox"/> Weigh and Shelve Food Items  |  |
| <input type="checkbox"/> Pick up Food Donations       |  |

Do you have any particular training or skills that you might be willing to use in your voluntary work?

### Food Pickup Volunteers only: (Others please go directly to back page.)

Do you have a valid driver's license? No Yes  
Do you have car insurance? No Yes

For Office Use  
Post \_\_\_\_\_  
Inter/Orient I \_\_\_\_\_  
Dr Lis Ck \_\_\_\_\_  
RefCk \_\_\_\_\_  
SG Ck \_\_\_\_\_

References:

Please list two people who know you well and can attest to your character, skills, and dependability.

| Name/Organization | Relationship to you | Length of relationship | Phone number |
|-------------------|---------------------|------------------------|--------------|
|-------------------|---------------------|------------------------|--------------|

Are you volunteering for a class requirement? No Yes If yes: School: \_\_\_\_\_

I understand that volunteers who routinely have solo, direct, generally unsupervised access to West Chatham Food Pantry (WCFP) clients and/or the client's home and/or have direct access to sensitive, confidential client information will be subject to a background check. Yes No

As a WCFP volunteer, I understand that I would be expected to immediately (no later than two business days) inform the WCFP Volunteer Coordinator of any criminal charges and convictions and any other offenses (other than minor traffic violations) that could be perceived as a risk to the WCFP's work or reputation. The WCFP Volunteer coordinator will consult with the Executive Director to determine if any appropriate actions are warranted that would affect your continuation as a volunteer with the WCFP. Yes No

Have you ever been convicted of or pleaded guilty or no contest or paid a fine for any offense that includes, but is not limited to, felonies, misdemeanors, DWI, hunting offenses, domestic violence, or violations of city or county ordinances within the past 10 years? This does not include minor traffic violations. Yes No

If yes, list all offenses, dates, of convictions/pleas, county/city/state of conviction:

Volunteer Code of Ethics

As a volunteer, I understand that I am subject to a code of ethics similar to that of professional employees. I accept the duties and responsibilities of my position and pledge to accomplish them. I further understand that my work complements the work of paid staff members and I agree to work without monetary compensation.

As a volunteer I will:

- Be dependable and call if I am unable to volunteer
- Accept diversity in the workplace in the workplace and the community
- Respect the policies and procedures of the agency
- Share information with agency personnel
- Be an ambassador for the WCFP within and the community

As a volunteer I can expect to:

- Be treated as a co-worker
- Have an appropriate job assignment
- Learn about the agency
- Receive adequate training, supervision, recognition and evaluation

I declare that the information I have provided is true to the best of my knowledge and my actions as a volunteer will reflect the standards and ethics of the West Chatham Food Pantry.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Volunteer Confidentiality Agreement**

Federal regulations require that all applications and information be treated as confidential. Information about the health, social condition and psychiatric condition of a participant, the home phone number, address and marital status must be considered confidential. It should be noted that anyone who intentionally violates the policy of our West Chatham Food Pantry will be asked to end their service and could be subject to legal action.

The individual the volunteer is serving deserves the respect and dignity of having his or her personal affairs kept confidential. As you spend time with the participant, a bond of trust develops and many personal feelings and experiences may be discussed. There may be strong feelings toward family members or formal service providers, and you (the volunteer) may be the only person available with whom the older adult is willing to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship with your participant. However, as a volunteer, you do have the responsibility to alert and discuss with the Program Coordinator any situation that may endanger the health, safety or welfare of the individual you serve. You can also share with the Program Coordinator information at the request of the individual you are serving.

Please remember that you should not disclose any information to those not directly involved with the person--such as your family, friends, co-workers or others. A network of people and services enables the participant to receive assistance from us, but it often has a price: the loss of control over once-private matters. As a volunteer and friend, you can help him or her maintain some control over his or her life by respecting the right to share confidences without fear that confidential information will be passed on to others.

**Photographic/Media Consent Form**

The West Chatham Food Pantry often shares good news about its employees, clients, programs and activities. It does so through publications, new releases, social media and the Pantry's website.

Please check below if you grant permission to the West Chatham Food Pantry to record, tape, film, photograph, or otherwise preserve your image, voice, statements, or biographical material and also, to develop and distribute news releases and pictures of you for marketing and advertising purposes without any limitation, liability or compensation.

The Pantry will not use personal information, such as your name, in publication unless your consent is obtained in writing.

Your consent to the above can be withdrawn at anytime, in writing, to the West Chatham Food Pantry, 2535 Old US HWY 421N, Siler City, NC or mailed to the Pantry at PO Box 254, Siler City, NC 27344.

I give my photographic and media consent.

I have reviewed these policies and procedures for the Confidentiality Agreement and the Photographic and Media Consent Form, understand them, and agree to perform my volunteer responsibilities.

Volunteer Name (please print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement of Release and Waiver of Liability for Volunteers

I hereby agree to the following:

1. As a Volunteer, I choose to volunteer for the West Chatham Food Pantry and engage in the "Activities" including clerical, administrative, food services, meal delivery and personal transportation tasks related to the West Chatham Food Pantry's programs and services either on site or at the homes of clients of the various programs and services or by traveling in my personal vehicle.
2. I recognize that in participation in these activities, I am fully aware of the risks and hazards involved for me and for my personal property.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the volunteer program activities.
4. I knowingly, voluntarily and expressly waive any claim I may have against the West Chatham Food Pantry for injury or damages that I may sustain as a result of participating in the program.
5. I also understand that West Chatham Food Pantry does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.
6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the West Chatham Food Pantry for any injury or death caused by any action or lack thereof including their negligence or other acts.
7. I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release will be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision will not otherwise affect the remaining provisions of this Release and Waiver of Liability which will continue to be enforceable.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: \_\_\_\_\_

Name of Volunteer (please print): \_\_\_\_\_

Volunteer signature: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_