

**The Widows Pantry
Feeding God's People**

Volunteer Application

Name: _____ **Are you 18 or older?** _____

Home Address: _____ **City/State/Zip:** _____

Home Telephone: _____ **Other Phone:** _____
(Please circle the number you prefer to be called on)

Email Address: _____

Occupation: _____

**Do you have any allergies or physical conditions that may affect your volunteer work?
If yes, please describe:**

In case of emergency, please notify:

Name	Relationship
Address	City/State/Zip
	Phone

**Are you acquainted with any current or past Widows Pantry volunteer?
If yes, what is the name and relationship:**

**If you are here through a volunteer program (school, community service requirement, etc.) please
provide the following information:**

Agency:

Address:

Telephone:

Number of hours you are able to volunteer:

Parent/Guardian signature (if under 18)

TRAINING AND EXPERIENCE

**Have you performed any other type of community volunteer/general public work?
When? Where?**

Type of Responsibilities:

What languages are you fluent if any?

SKILLS (Please circle all that apply)

Office/Administrative /typing

**Public Speaking
Relations**

Art/Design

Community Outreach

Food Services

Research

Photographer/Video

Fund Raising

Tutoring/Training/Education

Counseling/Social Services

Writing/Editing

Public

Computers

Legal

Other

VOLUNTEER AGREEMENT FORM

As a Widows Pantry (WP) volunteer, you will be required to abide by The Widow's Pantry Volunteer Instructions. The agreement below details what the WP expects from you and what you can expect from the WP.

If accepted as a WP volunteer, your signature below indicates that you understand and agree to the following:

- I will abide by the WP policies and procedures.
- I agree to be supervised by the Core Team Leader or designee and will directly report to the Core Team Leader any problems that arise.
- If I am unable to fulfill my scheduled hours, I will call the Core Team Leader in advance of my scheduled time.
- I understand that I may at any time, with or without cause, be removed from my position as a volunteer at the sole discretion of The Widow's Pantry.

Signature:

Date:

Parent/Guardian Signature (if under 18):

The Widows Pantry pledges to work hard to make your service with us a rewarding experience. As such, you have the WP's commitment to the following:

- To be treated as a valued team member, not "just as free help";
- To a suitable assignment with consideration for personal preferences, temperament, life experience, education and employment background;
- To thoughtful training as well as new developments and possible training for greater responsibility;
- To sound guidance and direction by someone who is experienced, well-informed, patient and thoughtful;
- To be heard, to feel free to make suggestions and to have respect shown for an honest opinion; and
- To recognition through day-to-day expression of appreciation and by treatment as a bonafide team member.

Thank you for your interest in volunteering with the Widows Pantry.

