

Volunteer Application

881 Rolling Meadows Road
Waynesburg, PA 15370
(724) 627-9784

Contact Information

Name: _____	
Street Address: _____	
City, State: _____	Zipcode: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	E-mail Address: _____

Emergency Contact Information

Name: _____		
Relation to Volunteer: _____		
Home #: _____	Work #: _____	Cell #: _____
E-mail Address: _____		

Are you at least 18 years old? Yes No

If under 18, parent/guardian signature is required. Individuals under 16 may only volunteer with adult supervision.

Are your volunteer hours court-ordered or required for school? Yes No

If yes, how many hours do you need to complete? (include deadline): _____

Do you have any medical conditions which may affect your service as a volunteer? Yes No

If yes, please explain. _____

Do you have reliable transportation to the volunteer site? Yes No

If no, how are you planning to arrive? _____

Do you have any criminal convictions? (Exclude juvenile offenses and traffic violations) Yes No

If yes, please explain. _____

Do you have any special clearances? (i.e Act 33/34) Yes No

If yes, please explain. _____

Interests (Check ALL that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Children | <input type="checkbox"/> Clerical/Administrative | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Warehouse/Food Bank | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> All of the Above | <input type="checkbox"/> Other: _____ | |

Level of Commitment

What level of commitment are you looking for in your volunteer service? (Check ALL that apply.)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Full Day | <input type="checkbox"/> One Time | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Half Day | <input type="checkbox"/> Short Term | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> 1 Shift (2 hours) | <input type="checkbox"/> Long Term | <input type="checkbox"/> Special Events |

What days/hours are you available?

Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that before I can begin volunteer service with Corner Cupboard Food Bank I must complete a "Volunteer Agreement" and I agree to do so in a timely manner.

If volunteer is over 18 years old,

Name: (printed) _____

Signature: _____ Date: _____

If volunteer is under 18 years old,

Parent/Guardian Name: (printed) _____

Parent/Guardian Signature: _____ Date: _____

Note:

ALL Volunteers- Dress comfortably and appropriately for your position. Some positions may work directly with clients. Offensive clothing of any kind is not permitted. Please remember that as a direct service volunteer, you represent our organization to our clients and should present yourself in a professional manner.

Food Bank/Warehouse volunteers- Must wear closed toe shoes with no open backs. All shirts must have sleeves. Skirts must be mid-length and shorts must be mid-thigh. No overly loose pants are allowed. Cell phone use is not permitted in the warehouse or the front lobby. Purses and bags should be left in your vehicle or left in the kitchen at your own risk. Dress according to the weather, as the warehouse temperature is only moderately regulated.

Clerical Volunteers- Dress professionally and appropriately, as you may be working in the front office/lobby and are expected to represent the organization. Overly revealing clothing is not permitted.