



Food Bank of Greenwood County Volunteer Application



Thank you for your interest in volunteering at the Food Bank of Greenwood County. Our mission is to address food insecurity in Greenwood County through community partnership. Our organization encourages the par of volunteers who support our mission. Providing the upmost care to the residents we serve is only possible with your help.

Name _____

Address _____

City/State/Zip _____

Contact Number _____

Emergency Contact Name/ Number _____

Contact Email _____

Date of Birth (If Under 18) _____

Parent/Guardian (If applicant is under 18) _____

Organization/Group/Company _____

List All Names of Volunteers:

How often would you like to volunteer?

Weekly Monthly Group Organization Project Special Events

****Note: Normal Food Bank volunteer hours are between 9:00 a.m. and 1:00 p.m. with a minimum of 3 consecutive hours required**

What day(s) are you available to work? Check all that apply

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Medical Issues?

Yes No

If yes, Please Explain:

Volunteer Agreement

1. **Follow staff instruction and complete duties as assigned. Ask for help as needed. Report possible hazards or unsafe activities to staff.**
2. **Come dressed to volunteer. Closed toe shoes and proper clothing attire are required.**
3. **Be safe. Use proper lifting techniques when lifting. Use your legs to push upwards leaving your back straight. Ask for help if you need assistance.**
4. **Please refrain from volunteering if you are ill. Masks are not required, but strongly recommended.**
5. **Running, shouting and horseplay is not permitted.**
6. **Food and/or any products may not be taken from the warehouse by volunteers; short or long term.**
7. **Staff and volunteer do not tolerate harassment of any kind. Report any incidents to the executive director.**
8. **Cell phones can be used by organizations/groups who may want to capture photos to share.**
9. **Volunteers leaving before shift must advise warehouse supervisor or executive director.**
10. **No Smoking allowed.**
11. **Please keep all areas clean at all times.**
12. **We are not responsible for any personal items lost or stolen.**
13. **The Food Bank of Greenwood County is not responsible for any accidents that may occur due to negligence of following safety instructions and guidelines.**

By submitting this application, I affirm that the facts set forth in it are true and complete. I have read and understand my responsibility to follow these rules while I am a volunteer.

Volunteer Print Name _____

Volunteer Signature _____

Parent/Guardian if under 18 _____

Executive Director _____

Date _____