

# Share The Harvest Food Pantry & Resale Nook, Inc.

## APPLICATION FOR VOLUNTEER OPPORTUNITIES

Share the Harvest is an equal opportunity organization. Some volunteer positions may not be suitable for every applicant due to the scope of work. We will do our best to find the right volunteer opportunity for you!

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CELL#: \_\_\_\_\_ HOME#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Have you ever been convicted of a felony? { } No { } Yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Share The Harvest?

\_\_\_\_\_

When can you start? \_\_\_\_\_

What DAYS are you available? \_\_\_\_\_ Hours? \_\_\_\_\_

What special skills, hobbies or interests you would like to share?

\_\_\_\_\_

Are you willing to submit to a pre-volunteer drug screening/test? { } No { } Yes

Are there any health issues we need to be aware of? { } No { } Yes-please explain

\_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship \_\_\_\_\_ # \_\_\_\_\_

I understand that, except as otherwise agreed to by Share The Harvest Food Pantry & Resale Nook, Inc. in writing, Share The Harvest Food Pantry & Resale Nook, Inc. **DOES NOT** carry or maintain health, medical, workman's compensation or disability insurance coverage for any volunteer. Each volunteer is encouraged to obtain his/her own health, medical, workman's compensation or disability insurance coverage.

I certify that the facts set forth on this form for volunteering are true and complete to the best of my knowledge. I understand that providing false statements on this application shall be considered sufficient cause for dismissal. Share The Harvest Food Pantry & Resale Nook, Inc. is authorized to make any investigations necessary to complete this process. I also understand that volunteering is "at will", which means that either I or Share The Harvest Food Pantry & Resale Nook, Inc. can terminate this volunteer relationship at any time, with or without cause, notice or any reason not prohibited by federal or state statute.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Birthday, if you care to share: month \_\_\_\_\_ date \_\_\_\_\_