

Oconomowoc Food Pantry Volunteer Application

Please fill out application and **RETURN** to the Oconomowoc Food Pantry via email, mail or drop off at the pantry:

Email: aconfp@gmail.com

Mail: PO Box 832 Oconomowoc WI 53066 (ATTN: Volunteer Coordinator)

Address: W359N5848 Brown St Oconomowoc WI 53066.

Once received, a volunteer coordinator will be in touch with further information.

NOTE: This application is for **individuals** interested in volunteering. If your interest in volunteering is with a **group/business**, please email aconfp@gmail.com . In your email, **please include** name of group, group size, age range of group and timeframe of desired volunteer date/dates.

VOLUNTEER REQUIREMENTS:

****MUST** be able to commit to volunteering a minimum of 6 shifts per calendar year (excluded are volunteers with court-ordered or school service hours).

****MUST** agree to the pantry confidentiality policy (see below).

****VOLUNTEERS** 16 years of age and/or younger must be accompanied with an adult/parent.

VOLUNTEER CONTACT INFORMATION (Please print clearly):

NAME: _____

BEST CONTACT PHONE NUMBER: _____

EMAIL: _____

STREET ADDRESS: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT INFORMATION (Name of person you would like us to contact in the event of an emergency):

NAME: _____

BEST CONTACT PHONE NUMBER: _____

RELATIONSHIP: _____

VOLUNTEER COMPATIBILITY:

To help us best pair you with our volunteer needs, please check all boxes that apply.

- I am comfortable working on a computer.
- I am able to lift 5-10 lbs.
- I am interested in volunteering with my child/children.
- I have court-ordered service hours. Number of hours:_____ Timeframe to complete:_____
- I have school service hours: Number of hours:_____ Timeframe to complete:_____

**Oconomowoc Food Pantry
Confidentiality Agreement**

As a pantry volunteer, I understand that to protect the privacy of families/individuals using Pantry services, I will NOT share names or other personal information of pantry clients with the general public. I will further protect the integrity of the Pantry by not sharing sensitive financial or operational information I may come across during my time volunteering at the Pantry with the general public, as well as any time after my volunteering at the Pantry has ended.

Volunteer(s) Signature: _____ DATE: _____

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VOLUNTEER COORDINATOR NOTES: