

# 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: [confp@gmail.com](mailto:confp@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 [confgroups@gmail.com](mailto:confgroups@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: