

Hinckley Area Food Pantry (HAFP) Volunteer Application

We are neighbors helping neighbors.

Our Mission: To operate a non-for-profit pantry for the purpose of distribution of food to persons requesting assistance.

The pantry is open to clients on the first and third Saturday morning (8 a.m. – 9 a.m.) and the Monday evenings following (5 p.m. - 6 p.m.) of each month. We serve the communities of Big Rock, Hinckley, Maple Park, Shabbona, and Waterman.

The HAFP encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us to find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	Cell Phone
Work Phone	
E-Mail Address	
Age (if under 18 years of age)	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Assist clients with shopping and stocking shelves during pantry hours of operation
 Help unload Northern Illinois Food Bank (NIFB) truck first Friday of every month
 Pick up items from the NIFB in Geneva, IL for the HAFP
 Shop for extra items for the pantry
 Help assemble baskets for holiday distributions
 Attend meetings for Crop Walk (August through October each year)
 Solicit donations and volunteers from organizations in the communities we serve
 Attend regional meetings on behalf of the food pantry
 Administrative positions

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies that would be relevant to this volunteer position.

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Person to Notify in Case of Emergency

Name	Relationship to you
Street Address	
City ST ZIP Code	
Home Phone	Cell Phone
Work Phone	
E-Mail Address	

Agreement and Signature

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Confidentiality

It is required that you respect the confidence and privacy of clients. You may talk about the food pantry and the volunteer job, but do not tell clients' names or talk about them in ways that can identify them.

Name (printed)	
Signature	
Date	

(If a volunteer is under the 18 years of age, this form must be signed by a parent or guardian.)

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.