2 Executive Drive Morris Plains, N.J. 07950-0250 P: 973.538.8049 F: 973.998.5086 www.mcifp.org



## Volunteer Application

(Please print clearly) \_\_\_\_ Date of Birth / / \*\*\*\* Address State Zip County Phone (how would you like to be contacted)Cell\_\_\_\_\_ Home\_\_\_\_ Work\_\_\_\_ \*\* Personal Email Address \*\* \*\*Please note\*\*: We often use constant contact emails to share important information about the Pantry, including changes in programs, closing dates, and upcoming events. Be sure to check your email regularly for information from the Food Pantry. Please Check this box to indicate your approval to receive these emails **Current Employment:** Company Name \_\_\_\_\_\_ Title \_\_\_\_\_ Address Previous Employment History (please indicate company names and job titles/areas of responsibility): Church or Temple \_\_\_\_\_\_\_\_Town: Spouse/Partner/Parent (full name) **Education History:** College/High School Major Graduated (Y/N) Do you speak any other languages? Professional or Civic Organizations How did you hear about the Interfaith Food Pantry? \_\_\_\_\_ Other Volunteer Experience Type of Vehicle Emergency Contact: Name Address Phone (cell, work or home) Relationship

How much time do you wish to volunteer?							
	□ Weekly □ Mo		nthly ☐ Substitute		☐ Weekends		
When are you available to volunteer?							
	<u>Monday</u>	Tuesday	Wednesday	Thursda	y Friday	Saturday	
8a-12p							
12p-5p							
5p-8p							
						ve our mission of feeding teer positions meaning we	
						-Fri 9am-5pm. We receive	
many requests for o	<u>opportunitie</u>	es for child	Iren and wee	kend volun	teer opport	unities, please note these	
						are physically demanding ny of the positions below	
						ion and return it to Jayne	
						ns, NJ 07950. Once your	
						rests and availability, you blunteering at the Interfaith	
Food Pantry Network		an intervie	W. Illalik yo	a ioi youi ii	itorost iii vo	di the interialin	
Food Distribution							
☐ Food distribut	ion at Client	Choice Par	ntry <b>(Daytime</b> ,	evening an	nd Saturday	time slots)	
☐ Home deliver	y to homebo	und clients	(Delivery sch	edule deter	mined by vo	olunteer and client)	
Food Inventory Main							
□ Sorting donate	ed food						
<ul><li>□ Bag Packing</li><li>□ Stocking pant</li></ul>	ry cholyec						
☐ Picking up pro		oread from le	ocal providers				
General Office Work	(M-F 10-4)						
□ General office		tive tasks					
□ Data Entry							
Community Outreac	h						
□ Representing				uled as nee	ded)		
☐ Community of				II Faatival	Turkey Tret	Cala eta)	
□ Food Pantry S	speciai Ever	ils (IBD, FC	ood arives, Fa	ili restivai,	Turkey Trot	, Gaia, etc.)	
Other (Scheduled as							
☐ Mobile Pantry							
□ Farmers Mark □ Transport sup	ket back up support <b>(Fridays 9-12)</b>						
□ Nutrition educ	•	ing demos					
□ Produce (M –	Th 10 –12p						
☐ Gardening (se	•						
□ Photography/	Social media	a engageme	ent				

□ Foreign language translation (Specify Spanish, Russian, American Sign Language, or other)

## **Morris County Interfaith Food Pantry Network**

## A. Confidentiality Agreement

The protection of confidential information about the individuals served by the Interfaith Food Pantry Network, as well as its employees, volunteers and donors is vital to the interest and the success of the Interfaith Food Pantry. As necessary, staff and volunteers may exchange confidential information with each other when there is an appropriate need to know. Confidential information includes, but is not limited to (i) information about coworkers or co-volunteers; (ii) information about clients; and (iii) information regarding client lists, donors, prospect lists, fundraising activities and other business practices of the Interfaith Food Pantry.

Information, as described above, is not to be released to any outside sources. Volunteers who improperly use or divulge confidential information will be subject to disciplinary action, up to and including termination.

I agree to respect the confidentiality of all privileged information I gain either directly or indirectly through my work with the Interfaith Food Pantry Network, including information that involves staff, volunteers, clients, donors or overall Interfaith Food Pantry Network business.

Volunteer Signature	Date
Volunteer Name Printed	
B. Volunte	er Reference Form
	e definite knowledge of your qualifications. References will contact the individuals listed below and ask them to
Name – Reference #1	Phone
E-Mail Address	
Name – Reference #2	Phone
E-Mail Address	
application, and I hereby release from liability any per me to the representatives of the Interfaith Food Pa omission of information requested is cause for non-app	by contacting persons or organizations named in this son or organization that provides information concerning antry Network. I understand that misrepresentation or pointment as an Interfaith Food Pantry Network volunteer. It is completion of the screening process, I will be notified of letwork volunteer.
Volunteer Signature	Date
Volunteer Name Printed	