A 501(c)3 non-profit organization and a recognized Harvesters-The Community Food Network agency.

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with New Hope Food Pantry in support of our mission to alleviate suffering and hunger all the while giving God the glory. Emergency food assistance is provided to those in need for residents of Johnson and Miami counties. Please review the guidelines on the reverse side before completing this form. Return your completed form by email to nhfoodpantry@gmail.com, or mail to the Volunteer Coordinator at the above address, or deliver your application during operating hours (1:00 – 6:00 p.m., Monday – Friday).

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Primary Phone #: (_) Alt. Phone #: ((
Street Address:		
City/State/Zip:		
Emergency Contact Name: _	Phone #: (_	
How did you hear about I	New Hope Food Pantry?	
☐ School ☐ Church	☐ Civic Group ☐ Club ☐ Other	
2. Are you a current client o	of NHFP? YES NO	
3. Are you completing comr	munity service? ☐ YES ☐ NO	
☐ Court requirement	Date of Birth:/	
☐ Government-spon	sored program	
☐ Student requireme	ent	
☐ Other		
Number of hours required	d: Required completion date:	
4. Do you have physical lim	itations that we should be aware of? If so, expla	in.
5. Availability: Please chec	k all the shifts for which you would like to be con-	sidered.
DRIVERS/STOCKERS	PANTRY	OFFICE
Monday 8:45 a.m. to Noon Tuesday 8:45 a.m. to Noon	☐ Monday 12:45 - 3:00 p.m., 2:45 - 6:00 p.m. ☐ Tuesday 12:45 - 4:00 p.m., 3:45 - 6:00 p.m.	☐ Monday 12:45 - 3:00 p.m., 2:45 - 6:00 p.m. ☐ Tuesday 12:45 - 4:00 p.m., 3:45 - 6:00 p.m.
Wednesday 8:45 a.m. to Noon	☐ Wednesday 12:45 - 3:00 p.m., 2:45 - 6:00 p.m.	☐ Wednesday 12:45 - 3:00 p.m., 2:45 - 6:00 p.m.
Thursday 8:45 a.m. to Noon Friday 8:45 a.m. to Noon	☐ Thursday 12:45 - 3:00 p.m., 2:45 - 6:00 p.m. ☐ Friday 12:45 - 4:00 p.m., 3:45 - 6:00 p.m.	☐ Thursday 12:45 - 3:00 p.m., 2:45 - 6:00 p.m. ☐ Friday 12:45 - 4:00 p.m., 3:45 - 6:00 p.m.
Saturday 8:45 a.m. to Noon Sunday 12:45 to 3:00 p.m.		
6. Please indicate which typ	pes of work you are interested in.	
☐ Client Check-In/Dat	a Entry	ges □ General/Office Work
☐ Truck Driving (no C	DL required)	□ Special Events/Fundraising



NEW HOPE FOOD PANTRY VOLUNTEER GUIDELINES

The following guidelines have been established to create a safe, productive and gratifying experience. Please read this page before you complete your volunteer application.

Requirements:

- Volunteers for NHFP office and/or pantry must be at least 14 years old.
- Volunteers for the NHFP Mobile Pantry (second Saturday of each month) can be any age. One adult
 must accompany every two young volunteers. Exceptions to the age limit are also made for special
 projects that need large groups of volunteers.
- All volunteers must wear closed-toed shoes to enter the food pantry.
- Clothing may be casual but should be appropriate for a work setting.
- Please leave all valuables at home.
- Cell phone use during work shifts should be kept to a minimum and limited to emergency contacts. This restriction is meant to prevent distracted work and promote safety.
- No tobacco products are allowed in the New Hope church facility or on the grounds.
- Volunteers must be free of contagious illness (runny nose, colds, flu, strep throat, etc.) to work and may
 be sent home if the supervisor determines the volunteer is not healthy enough to work.

Policies:

- Volunteers must not report to NHFP under the influence of alcohol or any other mind-altering substance.
- All matters pertaining to clients will be considered strictly confidential.
- Name tags must be worn at all times.
- Volunteers must notify your supervisor AND email <u>NHfoodpantry@gmail.com</u> or call 913-782-0955 as soon as possible if delayed or unable to keep assigned shift.
- No forms of harassment will be tolerated.
- Accidents, injuries, or near misses must be reported to the supervisor immediately and the volunteer must complete an incident form describing the circumstances.
- Safety is emphasized at all times, and unsafe situations should be reported to the supervisor immediately.

☐ I have read, understand and agree to the preceding requirements and policies.					
Name of Volunteer (Please print.)					
Volunteer's signature	Date [.]	/	/		