**Volunteer Application**

The Antigo Community Food Pantry is a group of compassionate volunteers providing food and resources that sustain health and human dignity. We strive to collaborate, advocate, and increase public awareness to achieve food security for everyone in our community.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best way to reach me (circle): email phone text other

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please review the volunteer job descriptions indicate your interests. We work to match your skills and interests with the ACFP’s needs.**

\_\_\_\_\_\_ Client or Food Guide

\_\_\_\_\_\_ Registration

\_\_\_\_\_\_ Carry-out  
\_\_\_\_\_\_ Parking Lot Attendant  
\_\_\_\_\_\_ Greeter \_\_\_\_\_\_ Sorting/Loading/Unloading

\_\_\_\_\_\_ Food Drives/Special Events \_\_\_\_\_\_ Stocking

\_\_\_\_\_\_ General Cleaning

\_\_\_\_\_\_ Building/Equipment

\_\_\_\_\_\_ Web/Facebook

\_\_\_\_\_\_ Newsletter

\_\_\_\_\_\_ Community Outreach

\_\_\_\_\_\_ Fundraising

\_\_\_\_\_\_ Coordinator/Dept Head  
\_\_\_\_\_\_ Steering Committee

\_\_\_\_\_\_ Bi-lingual

\_\_\_\_\_\_ Office Assistant

\_\_\_\_\_\_ Board of Directors

\_\_\_\_\_\_ Other (please list):

**ACFP Confidentiality Agreement:** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a volunteer for AACFP, do affirm that I will treat all contacts and information of AACFP clients as confidential in nature. I will not divulge any information regarding clients either directly or indirectly. Upon termination of my volunteer services, I further understand that I am still bound by condition of this confidentiality. In signing this statement, I fully realize the importance of maintaining confidentiality and that a violation by me of confidentiality may result in termination of volunteer service. I further realize that such violations could also result in legal action by a client or the AACFP.

**Waiver and Release:** The undersigned hereby agrees to waive and release, and to hold harmless, the ACFP, directors, officers and volunteers from any and all liability which may arise, in any shape, form or manner whatsoever from the undersigned’s service given to the pantry.

**TEFAP (The Emergency Food Assistance Program) Civil Rights Training:** I understand that in order to volunteer at the ACFP I need to complete the mandatory Civil Rights Training annually.

**Photo Release:** I grant the ACFP the right to publish my image or comments for websites, Facebook, and publicity.

**Email Lists:** I give permission for the ACFP to add my email to appropriate distribution lists. (We do not share emails with other organizations.)

I understand that by signing this document, I am agreeing to the terms of the **Confidentiality Agreement**, the **Waiver and Release Agreement**, **Photo Release**, and the **TEFAP Civil Rights Training** as printed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical conditions of which we should be aware? If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on parole or probation? Yes \_\_\_\_\_No\_\_\_\_\_ If yes, please provide contact information for your PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your interest in supporting food security & human dignity in our community!  
We are an equal opportunity provider.**

**Return to** **2120 Progress Blvd,** [**antigofoodpantry@gmail.com**](mailto:antigofoodpantry@gmail.com)**, or P.O. Box 194, Antigo, WI 54409-0194**