

Sandalwood Community Food Pantry Volunteer Application

“Because Hunger Hurts!”

Name: _____ Phone: _____

Email: _____ Cell: _____

Address: _____

How did you hear about the Sandalwood Community Food Pantry?

Are you completing community service for:

Court Requirement _____ Housing Program _____ Student Service _____

Number of hours required: _____ Required completion date: _____

Are you taking any medications we should be aware of? _____

General Availability (you may select more than one)

Weekdays In Operation: 11:00 am – 2:00 pm Tuesday _____ Friday _____

Extended Days: Monday _____ Wednesday _____ Thursday _____ Weekends _____

Please mark your areas of interest:

Customer Service/Greeters _____ Stocking Food _____ Distributing Food _____

Sorting/Packing Clothing and Basic Needs Items _____ Food Drives _____

Children’s Programs _____ Advocacy _____ Policy _____ Research _____

General Office Work _____ Grant Writing _____ Data Entry/Computer _____

Special Events _____ Fund Raisers _____

How many other places do you volunteer: _____ Occupation: _____

Language Skills: Spanish: _____ Other Languages: _____

Volunteer Consent Thank you for agreeing to volunteer at the Sandalwood Community Food Pantry. (SCFP) Your work will help to feed hungry people in Beaufort County. We appreciate all the work that volunteers do for us and we hope to make this a satisfying and fun experience for you as well. These guidelines have been established to create a safe, productive and gratifying volunteer experience for all.

SCFPC Policies

1. Volunteers must not arrive to the Pantry under the influence of alcohol or any other mind-altering drug/substance.
2. Individuals convicted of a violent crime or any type of domestic abuse will not be accepted as volunteers.
3. All matters pertaining to clients will be considered strictly confidential.
4. Dress should be comfortable and feet protected. Nametags must be worn.
5. Accurately record my volunteer time on the attendance sheets. Notify Volunteer Services Coordinator as soon as possible if delayed or unable to keep my schedule.
6. If I have a question or a problem, I will go to the Volunteer Services Coordinator.
7. When representing the SCFP in public, I will act professionally, upholding the mission of the SCFP.
8. No forms of harassment will be tolerated. The SCFP is committed to providing a work environment where women and men can work together comfortably and productively, free from all forms of harassment, sexual or otherwise.
9. Clients who also serve as Volunteers may take the same allotted groceries prior to distribution.
10. Eating is allowed only in the designated areas where it is served. There is no smoking in the warehouse at any time. Smoking is allowed outdoors 100 feet away from the building.
11. Report any accidents or injuries to the Volunteer Coordinator or Director.

In return the SCFP agrees to: 1. Provide adequate training. 2. Provide adequate space and working conditions. 3. Maintain record of all volunteer hours. 4. Provide references and /or confirmation of hours worked (with advance notice).

Waivers -I hereby agree to hold harmless and waive any and all claims or causes of action against the SCFP arising out of any cause whatsoever, including but not limited to claims arising out of the negligence or intentional conduct of its employees or agents. -I attest that I am physically fit and prepared to perform the tasks assigned to me as a SCFP volunteer. - I further agree to use my personal insurance as the primary provider in the event of injury due to my work as a volunteer for the SCFP. -I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by SC law. -The SCFP is not responsible for loss or damage to volunteer's personal property. -I also grant the SCFP full permission to use photographs of me.

Signature: _____ Date: _____

Name Printed: _____