

GRAFTON FOOD BANK
VOLUNTEER APPLICATION

Name: _____ are you over 18? Yes___ No___

Address: _____

Phone _____ Email: _____

Have you had previous food pantry volunteer experience? Yes___ No___ If yes,

Name and location of food pantry: _____

Any special talents or skills you have that you feel would benefit the Grafton Food Bank? _____

Languages(s) Spoken: _____

Please indicate day and time available: _____

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

Signature: _____ Date: _____

Confidentiality Agreement: I understand and acknowledge that during my volunteer service with the Grafton Food Bank, I will have access to Confidential Information not generally known to the public concerning the business of the Grafton Food Bank. I agree that during my volunteer services and at all times thereafter, I will hold the Grafton Food Bank's confidential information in strict confidence, and will not disclose or use such information outside the scope of my volunteer service with the Grafton Food Bank or without the Grafton Food Bank's prior authorization. For purposes of this Agreement, "Confidential Information" includes, but is not limited to, information regarding the individual served by the Grafton Food Bank. I further agree and understand that I will return all Grafton Food Bank's Confidential Information at the end of volunteer service, or whenever requested by the Grafton Food Bank.

Signature: _____ Date: _____