



Volunteer Application

Name _____ Date started _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Email Address _____

Emergency Contact Name _____

Relationship _____ Emergency Contact Phone _____

Your reason for completing this application

- Interested in volunteering
- Need to complete community service
- Need to complete academic requirements

Agent _____

Agency _____

Address _____

City _____

State/Zip _____

of hours required _____

Days and hours you would like to assist WHEAT

at the Store Food Pantry Cafe

- Sunday between the hours of _____ to _____
- Monday between the hours of _____ to _____
- Tuesday between the hours of _____ to _____
- Wednesday between the hours of _____ to _____
- Thursday between the hours of _____ to _____
- Friday between the hours of _____ to _____
- Saturday between the hours of _____ to _____

Do you have any work limitations that we should consider when assigning you tasks?

I understand WHEAT will not be held liable for any injuries or losses of personal property while volunteering.
 Please initial here _____

Confidentiality Agreement

Please read and sign to protect the privacy of our clients.

As a volunteer for WHEAT Community Services, Inc., I agree to keep confidential any sensitive personal or financial information revealed to me by a client. However, if I think this information must be discussed to protect the safety or welfare of a client, I will alert either the Case Manager or the Executive Director. I also agree to not discuss any client by full name at any time inside or outside this establishment.

Print Name _____

Sign Name _____

Date _____