



Volunteer Application During COVID-19

PLEASE PRINT ALL INFORMATION CLEARLY

Name: _____ Preferred Pronouns: _____ Date: _____

Mailing Address: _____ City, Zip: _____

Home Phone: _____ Email Address: _____

Cell Phone: _____ Birthdate (mm/dd/yyyy): _____

Any health concerns that the Food Shelf should be aware of: _____

Emergency Contact (Name, Relation to you and Phone Number): _____

Are you 16 years of age or older? (We are not accepting volunteers under 16 during Covid-19) Yes ☐ No ☐

Do you need community service hours? _____ If so, why? _____

Please be aware that according to food shelf policy we are unable to assist with community service hours related to theft or violence.

Confidentiality Agreement

We ask that our volunteers keep all information on clients confidential. Are you willing to take on this responsibility of confidentiality of client information? Yes ☐ No ☐

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Photo Release

I give permission to the White Bear Area Food Shelf to use photos/videos that may include me or publication or to be kept on file for future publications. I hereby agree to allow the White Bear Area Food Shelf to use my image for promotional purposes.

Statement of Understanding

I verify that the information on this application is true, complete and correct and I understand that if it is not it will result in disqualification from working as a White Bear Area Food Shelf Volunteer. I agree to support the White Bear Area Food Shelf's mission of *providing food and support to our neighbors in need, in partnership with the communities of the White Bear Area. I also agree that my email may be used for official WBAFS newsletter/communications.*

Signature: _____ Date: _____

Please see reverse for additional Volunteer Agreement and Requirements During COVID-19



Volunteer Requirements & Agreement - During COVID-19

During the COVID-19 pandemic, we are committed to providing a safe volunteer experience. In order to do this, we are requiring the following items:

Who can volunteer?

- Volunteers who are 16 years of age or older. Ages 12-15 with an adult for Free Farmers Markets and Donation Sorting shifts.
- Volunteers who have not experienced any symptoms of COVID-19 currently or in the past 14 days. Please visit the CDC website for more information - <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Volunteers who don't have an underlying medical condition that would put them in additional danger of contracting COVID-19. Please visit the CDC website for more information - <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>. We also recommend that volunteers 65 years of age and older review the CDC information to assess risk before committing to a volunteer shift.
- Volunteers who have not been exposed to anyone with COVID-19 symptoms, a positive COVID-19 test, or Influenza A or B within the last 14 days
- Volunteers who have not traveled outside of the United States during the last 14 days

The following precautions will be taken during the volunteer shift:

- Volunteers will follow social distancing guidelines
- Volunteers will wash their hands upon arriving at the Food Shelf or offsite volunteer shift and practice good handwashing practices throughout their shift. Gloves are not required but may be worn as long as they stay clean and sanitized (gloves can be provided).
- Following the guidance from the CDC and the State of Minnesota, the White Bear Area Food Shelf (WBAFS) will no longer require face masks in our building or grounds for vaccinated individuals starting 6/21/2021. As part of this guidance, **unvaccinated individuals are asked to continue to wear masks and follow social distance guidelines**. The WBAFS will not be asking or monitoring the vaccination status of volunteers, staff, or neighbors. Volunteers who wish to wear a mask are welcome to do so.
- Volunteers may store items in the break room and keep the maximum number of three people in the room at one time

I agree to the requirements and safety precautions listed above:

Volunteer Name: _____

Volunteer Signature: _____ **Date:** _____

*****Please bring this signed application and agreement to your first volunteer shift*****

**Thank you for your commitment to our community through
a healthy and safe volunteer experience!**