

Colonial Heights Food Pantry Volunteer Form

530 Southpark Boulevard Colonial Heights, VA 23834 804-520-7117

Name: _____

Phone: _____ Cell: _____

Email: _____

Address: _____

Any special talents or skills you have that you feel would benefit our organization?

Volunteer Limitations

___ standing ___ lifting ___ walking _____ other

EMERGENCY CONTACT INFORMATION

To be completed by person to be notified in case of emergency if volunteer is under 18 years of age.

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Colonial Heights Food Pantry, Inc. is committed to alleviating hunger and developing collaborative strategies to encourage self-reliance and preserve human dignity.

WE BELIEVE: Everyone should have access to good and healthy food; Everyone has the right to be treated with dignity and respect; When basic needs are met, people are able to improve their circumstances; and We are all here to help others.

We ask that all volunteers treat this opportunity respectfully and serve the pantry in a way that honors our mission and our beliefs.

As a volunteer of our organization, we ask that you abide by the the job descriptions discussed in advance with the Volunteer Engagement Coordinator. Please understand that you will be volunteering at your own risk and the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury, or health problem which may arise from any volunteer work you perform for the organization. All the work that you do for the organization is on a volunteer basis.

If employees request a photo of you volunteering, please know it can be used on our website and other organization promotion materials.

Volunteer Signature: _____