

THE PANTRY of BROWARD, Inc.

VOLUNTEER INFORMATION

Date: _____

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ Zip: _____

E – Mail Address _____ Date of Birth: ____/____/____

Phone where we can reach you anytime: _____ Male ____ Female ____

Emergency Contact: Person Name _____ Phone _____

Relationship: _____

Marital status: Single ____ Married ____ Divorced ____ Domestic Partner__ Widowed ____ Other ____

Ethnicity: African American ____ Asian American ____ Caucasian ____ Hispanic ____ Other ____

Primary Language: English ____ Spanish ____ Other _____ 2nd _____

Employment Status: FT ____ PT ____ Student ____ Retired ____ Not Emp. ____ Other ____

If employed, name of employer: _____

Contact phone number for employer: _____ Name: _____

Duties and Responsibilities: _____

Do you have any medical restrictions? : _____

Have you ever served in the US military? _____ End Date: _____

Have you ever been convicted of a felony? _____ Or a misdemeanor? _____

If yes explain: _____

I understand that my services are being offered on a voluntary basis without anticipation of financial compensation. I shall indemnify and hold harmless The Pantry of Broward, Inc., its Board of Directors and/or Commissions, and officers, agents and employees from and against all claims, demands, or loss of liability of any kind or nature for any possible injury incurred during volunteer services.

Signature _____ Date _____

Print _____

Please have parent or guardian sign this waiver if you are under the age of 18:

Volunteers must be at least 16 years of age. If the signor is under the age of 18 this form must also be signed by a parent or guardian or legal representative

Signature _____ Date _____

Print _____ Relationship _____

Volunteers will receive a T- shirt to wear. Please indicate size you will need.

Small ___ Medium ___ Large ___ X Large ___ XX Large ___ Other _____

Your position as a volunteer depends on your skills and abilities. Wherever your interests lay is where you would be most beneficial to the Pantry of Broward Inc. This may include getting your hands dirty, light to heavy lifting, performing other administrative tasks such as answering telephones or assisting staff with other responsibilities. The daily operations and support of our various projects would not be possible without you, the volunteer.

On behalf of The Pantry of Broward, Inc. we thank you for your help!

Please indicate how you heard about the opportunity to become a volunteer for The Pantry of Broward

_____.

How would you like to help “The Pantry of Broward”

Pack food boxes _____ Stock Food Shelves _____ Office Help _____ Food Drive _____ Drivers _____

Receptionist _____ Sweep/Clean/ _____ Organize the Pantry _____ Computer help (EXCEL,WORD) _____

We are also looking for:

1. Drivers to deliver food boxes to seniors
2. People to run Food Drives at their place of business
3. Historian
4. Your Ideas Here: _____

Please fax to: 954 358 1483

Or Email: lydya@thepantryofbroward.org

Or Mail to: The Pantry of Broward
Attn Lydya Chapman
610 NW 3rd Ave
Fort Lauderdale, FL 33311