

Volunteer's Signature

VOLUNTEER REGISTRATION FORM

All Information is Required for Volunteers 16 years and Older

Please Print

General Information	
Last/Family Name	First/Given Name
Address:	
E-Mail:	
Day Phone: Eve. Pho	ne:
Cell Phone:	
Employer/School/Organization:	
Emergency Contact:	
Emergency Phone:	
Volunteer	Agreement
I understand that my volunteer service can be modified or termina Ministry Food Pantry (TAM) may, in its sole discretion, decline to a	·
I grant TAM permission to use my likeness, voice, and words in any promote Tri-Area Ministry Food Pantry and its mission and to raise number, I opt-in to receive emails and texts regarding volunteer o	e funds for TAM. By providing my email address and cell phone
While volunteering at TAM or TAM functions, I agree that I will not limited to, physical or verbal abuse; I will not verbalize or otherwis inflammatory comments; I will not engage in inappropriate person beverages and non-prescribed controlled substances.	e express any inappropriate, foul, racist, judgmental or
I agree to dress and act at all times in a manner that will be approp	priate to my assigned responsibilities.
I agree to wear gloves when handling open and exposed food item	s and to wear closed toe shoes.
I agree to report any emergencies to the appropriate authorities a of all individuals, including myself.	fter first taking immediate action to ensure the welfare and safety
I agree to contact a TAM board member or supervisor immediately	y if a dispute arises which must be mitigated.
I agree not to take food without explicit authorization by a TAM bo	pard member/supervisor.
In signing this registration form I agree to comply with the above r	ules.
Volunteer's Name (print)	

Date