



VOLUNTEER REGISTRATION FORM

All Information is Required for Volunteers 16 years and Older

Please Print

General Information

Last/Family Name	First/Given Name
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Address _____

E-Mail: _____

Day Phone: _____ Eve. Phone: _____

Cell Phone: _____

Employer/School/Organization (if here as part of group): _____

Volunteer Agreement

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time and that Tri-Area Ministry Food Pantry (TAM) may, in its sole discretion, decline to accept my application to volunteer with or without cause.

I grant TAM permission to use my likeness, voice, and words in any form or media, and on TAM's website or in any other format to promote Tri-Area Ministry Food Pantry and its mission and to raise funds for TAM. By providing my email address and cell phone number, I opt-in to receive emails and texts regarding volunteer opportunities from TAM. _____ Initials

While volunteering at TAM or TAM functions, I agree that I will not engage in any type of inappropriate behavior, including, but not limited to, physical or verbal abuse; I will not verbalize or otherwise express any inappropriate, foul, racist, judgmental or inflammatory comments; I will not engage in inappropriate personal contact; and I will refrain from the consumption of alcoholic beverages and non-prescribed controlled substances.

I agree to dress and act at all times in a manner that will be appropriate to my assigned responsibilities.

I agree to wear gloves when handling open and exposed food items and to wear closed toe shoes.

I agree to report any emergencies to the appropriate authorities after first taking immediate action to ensure the welfare and safety of all individuals, including myself.

I agree to contact a TAM board member or supervisor immediately if a dispute arises which must be mitigated.

I agree not to take food without explicit authorization by a TAM board member/supervisor.

In signing this registration form I agree to comply with the above rules.

Volunteer's Signature	Date
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EMERGENCY CONTACT INFORMATION

This information is requested for use in case of an emergency. If you do not wish to provide any information, please fill in your name, the date completed, write "none" under emergency contact information.

Volunteer:

Last/Family Name First/Given Name

Date Completed: _____

Emergency Contact #1:

NAME: _____

Relationship: _____

Mobile Phone Number: _____

Home Phone Number: _____

Emergency Contact #2:

NAME: _____

Relationship: _____

Mobile Phone Number: _____

Home Phone Number: _____

Any Special Notes for Emergency Personnel:
