



North Liberty Community Pantry Volunteer Application Form

89 Jones Boulevard, North Liberty, IA 52317 Phone: 319-626-2711

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Phone Number (primary): _____ Cellphone Landline

Alternative Phone: _____ Cellphone Landline

E-mail Address: _____

1) How did you hear about North Liberty Community Pantry?

2) Why did you choose North Liberty Community Pantry as a volunteer site?

3) What special talents do you possess? (e.g. administrative, gardening, painting, organizational, etc.)

4) Have you ever volunteered before? If so, where, when, and for how long?

5) How often would you be able to volunteer? [Activities happen 7 days a week at the Pantry.]

6) Do you speak any other language? If so, please comment on your level of spoken and written proficiency.

7) Emergency Contact Information:

Name: _____ Phone #: _____ Relationship: _____

8) Employment Information (Optional)

Employer Name: _____



Volunteer Application

PLEASE TURN OVER AND COMPLETE PAGE 2 ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶

Reference:

Please list the name and telephone number of 1 person we can contact for a personal reference. Please do not utilize immediate family members as references (i.e. parents, spouses, fiancés, siblings, etc.) People who can be utilized as references would include: employer, co-worker, pastor, neighbor, teacher, banker, etc. Please inform your reference that we will be contacting them.

Name: _____ Phone Number: _____ Relationship: _____

Background Check:

Please list below if you have ever had any arrests and/or convictions or child abuse investigations:

Full Name: _____ Date: _____

Birth Date: _____ Maiden/Alternative Names: _____

North Liberty Community Pantry will be checking references. We will also be checking the following public websites for background information:

- <http://www.iowacourts.state.ia.us/ESAWebApp/DefaultFrame>.
- <http://www.iowasexoffender.com/>
- <http://www.nsopw.gov>

North Liberty Community Pantry reserves the right to limit who is able to volunteer at the pantry and in what manner they will be volunteering.

I understand that a background check will be completed and its results will help in determining my eligibility to volunteer with North Liberty Community Pantry. I understand that follow-up background checks will be completed every two years during my volunteer service for the pantry.

Signature

Thank you for your interest in our organization!