

Mukwonago Food Pantry Volunteer Application Form

The responsibility the Mukwonago Food Pantry has to its clients, program participants and community necessitates the following information from all applicants regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit volunteer service. It is the policy of the Mukwonago Food Pantry to complete this Disclosure Statement.

Subsequently, the Mukwonago Food Pantry may complete a background check.

- 1) A copy of this application must be completed and on file at Mukwonago Food Pantry if you wish to volunteer.
- 2) Completed forms will remain on file at Mukwonago Food Pantry for the period of 7 years.

Please Print Clearly

Last Name: _____ First Name: _____ Middle Name/Initial _____

List any maiden names, nicknames, alias names, or other names you have used, including all previous married names.
Please list the years when these names were used:

Maiden: _____ Year _____ Nicknames: _____ Year _____ Alias _____ Year _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Number: _____

E-Mail _____

Date of Birth: Month _____ Day _____ Year _____ Gender Please Check : Female _____ Male: _____

Have you ever been convicted of, or do you have any charges pending, for felonies or misdemeanors:
Please check all that apply.

___ NO ___ YES

If YES, please describe below and include date, location, nature and circumstance of offense:

In case of Emergency, please contact: _____ Phone: _____

The **Mukwonago Food Pantry** is a 501(c)(3) charitable organization and all monetary donations to the organization are tax-deductible.

The Mukwonago Food Pantry is an equal opportunity provider and employer. The MFP is not a government agency, but a freestanding, nonprofit organization that distributes food - donated and purchased.

Indemnity Agreement

In consideration for my participation in any/all activities/events on or off site with the **Mukwonago Food Pantry**, I agree to reimburse and indemnify the **Mukwonago Food Pantry** (understood to include the current insurance carrier) for all reasonable legal and court fees incurred by **Mukwonago Food Pantry** in defending a lawsuit that I or my child/ward/spouse/significant other may bring against the **Mukwonago Food Pantry** which is related to my participation in any/all activities/events on or off site, if the **Mukwonago Food Pantry** is found not legally liable by the courts and prevails in the lawsuit. If the **Mukwonago Food Pantry** is found legally liable for injuries sustained by my person, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with any /all activities/events on or off site with the **Mukwonago Food Pantry** that I will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the **Mukwonago Food Pantry** to clarify any concerns or questions about any/all activities/events on or off site or about this agreement that I may have had.

Signature _____

Date _____

This form has been prepared by and is required by the Mukwonago Food Pantry's protected Self-Insurance program. Questions should be directed to Mukwonago Food Pantry Board at 262-363-3452 or e-mail mukwonagofoodpantry@yahoo.com

Background Check

I authorize the Mukwonago Food Pantry to review my personal background. I consent to having the Mukwonago Food Pantry conduct a criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the Mukwonago Food Pantry or at Fundraising Events. I understand that the Mukwonago Food Pantry will verify the information I have provided above. I understand that the Mukwonago Food Pantry reserves the right to deny my application to serve as a volunteer. I hereby release the Mukwonago Food Pantry, its Board and its Agents, as well as all providers of information, from any liability related to furnishing and receiving information n related to arrests and convictions.

Signature _____

Date _____

Volunteer Confidentiality Policy

Confidentiality is a strong consideration in volunteering with the Mukwonago Food Pantry. Confidentiality is also a major consideration when programs or fundraising events are in need of volunteers.

Communication of personal information regarding clients, staff, and program participants, outside agencies or associates must be regarded as confidential. Clients' records, telephone contacts and information about clients, staff, and program participants, outside agencies or associates acquired through volunteering must NEVER be communicated beyond the scope of professional and paraprofessional personnel who require such information to work with the clients. Questions regarding the practice, policies and types of cases and/or internal problems should be directed to the Executive Director.

This policy concerning confidentiality shall emphasize that any infringement will be considered a violation of rules and may lead to immediate discontinuing of volunteer relationship with the Mukwonago Food Pantry. I have read and understand the above.

Signature _____

Date _____

Please return this form to Mukwonago Food Pantry

MFP Office Use:

Background Check Ordered: _____ Recieved: _____

Approved: _____ Not Approved: _____

Dated: _____ Applicant Notified Via: _____

Signature: _____ Rev. 04/2011

PARENT / LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

PLEASE RETURN BY: _____

Adult / Child / Ward: _____

Business / Parish / School: _____

Designated Supervisor of Activity: _____

Activity: **volunteers at Mukwonago Food Pantry**
325 Eagle Lake Avenue, Mukwonago, WI. 53149 262-363-3452

Date(s) and time of activity: _____

Method of transportation: _____

Student cost (if applicable): _____

I consent to the participation of myself / my child/ward in the above named activity. In consideration for myself / my child/ward's participation, I agree to reimburse and indemnify the **Mukwonago Food Pantry** (understood to include the current insurance carrier) for all reasonable legal and court fees incurred by **Mukwonago Food Pantry** in defending a lawsuit that I or my child/ward may bring against the Mukwonago Food Pantry which relates to the above named activity if the **Mukwonago Food Pantry** is found not legally liable by the courts and prevails in the lawsuit. If the **Mukwonago Food Pantry** is found legally liable for injuries sustained by myself / my child/ward, this paragraph will not apply.

In consideration for valued received, receipt where acknowledged, I hereby give the **Mukwonago Food Pantry** the absolute right and permission to publish, copyright and use pictures of me in which I may be included in whole or in part, composite or retouched character or form, in conjunction with any/all events. If the person is under 18 years of age, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that myself / my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the **Mukwonago Food Pantry** to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/ Legal Guarding Signature

Date

Address

Home phone

/

Work phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child/ward to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Phone Number: _____

Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above-identified activity: _____

PLEASE RETURN BY: _____

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