



## Second Harvest Volunteer Application

**Contact Info:**

Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
E-mail Address	

**Demographics:** This optional information helps us assess how well we are creating an inclusive and welcoming volunteer program, reflective of diverse identities and the communities we engage and support.

Date of Birth		
*Pronouns		
Race & Ethnicity (Check all that apply)	<input type="checkbox"/> African American/Black <input type="checkbox"/> East Asian <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American / Alaskan Native	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Southeast Asian <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Other
What is your gender?		

\* A key element of creating a safe space for people of all sexes and gender identities is the respectful use of gender pronouns. Gender pronouns are the terms people choose to refer to themselves that reflect their gender identity. These might be he/him, she/her or gender-neutral pronouns such as they/them.

**Emergency Contact Info:**

Name	Phone	Relationship

**Physical Limitations or Health Concerns:**

**Would you like to receive the Second Harvest Newsletter?**

Yes      No

**Would you like to receive text messages around important mobile updates or closures?**

Yes      No

**Please initial all statements and sign below to indicate your understanding and agreement of the following requirements for volunteering:**

\_\_\_\_\_ I understand and agree that submitting this application form does not automatically register me as a Second Harvest Foodbank of Southern Wisconsin volunteer, and that there may be certain qualifications that I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

\_\_\_\_\_ By submitting this form, I understand and agree that my photo may be used for Second Harvest Foodbank in publications.

\_\_\_\_\_ By submitting this form, I understand and agree that a background check may be administered as part of the application process.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

-----  
**Signature of Volunteer**

-----  
**Date**

**Parental Consent:** As the parent/guardian of the volunteer, I consent to this minor volunteering with Second Harvest Foodbank.

-----  
**Print Parent/Guardian Name**

-----  
**Signature of Parent/Guardian**

-----  
**Date**

**Internal Use Only:**

Name tag     Volunteer Community Expectation Agreement     Volunteer Profile

(Mobile Pantry Coordinators only)       Background Check     Food Safety Training