

**VOLUNTEER FORM — 2025 PLEASE PRINT CLEARLY AND SIGN WAIVER BELOW**

 Volunteer Rules and Guidelines

 • All pantry items are strictly off-limits for personal use.

• Volunteers qualifying for food assistance (must fill out registration form and receive card) will receive a box at the end of their shift; they are not permitted to assemble their own box.

• Volunteers must refrain from taking items for family or neighbors.

 • Volunteers under 18 must be accompanied by a parent or guardian during their shift.

• Failure to abide by the rules will result in dismissal from the facility. No exceptions.

 • Closed-toe shoes and appropriate attire are required.

**Volunteer Information: Please print**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18 years of age, please fill in age \_\_\_\_\_\_\_\_\_\_.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Availability Days and times you are available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Affiliation: Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you performing community service for probation [Yes / No] Please circle**

**Are you doing community Service for School or College (Yes / No) Please circle**

**Are you from the client line? [Yes / No] please circle. You must stay at least three hours or more**

Waiver of Liability I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print), hereby waive, release, discharge, and covenant not to sue Grace Community Food Pantry or Grace Tabernacle Ministries International, its officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns for any and all injuries or damages suffered by myself and/or minor child as a result of volunteering at the pantry.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**gracecommunityfoodpantry.org 386-931-7085**