



# VOLUNTEER APPLICATION

Thank you for your interest in volunteering with NNEMAP Food Pantry ("NNEMAP"). We serve qualified households in all Franklin County Zip Codes in Central Ohio. NNEMAP is a Mid-Ohio Food Collective agency partner and one of Columbus's busiest food pantries. Our organization depends upon the dedicated service of our volunteer staff to serve the community.

Please complete this application, then read and sign the Volunteer Agreement & Release from Liability form on the other side of the page. We will contact you to schedule your volunteer date(s).

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*\*\*NOTE: Volunteers under 16 years of age MUST be accompanied by a parent or other responsible adult.\*\*\*

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>Emergency Contact Information (Required)</b>
Name/Relationship: _____ _____
Phone: _____

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please circle the days you prefer to volunteer: Monday Tuesday Wednesday Thursday Friday Saturday

Please circle your preferred volunteer role: Client Interviewer Back Room/Stocker  
Special Events/Fundraising Committee Member

If you attend or are a member of a church, school or other civic organization, please indicate the organization name(s) below:

Have you lived anywhere other than Columbus in the past 5 years? \_\_\_\_\_ If you answered yes, please list each city and state where you have lived: \_\_\_\_\_

I understand that I may be subject to a background check as part of the volunteer application process and that convictions for certain offenses could make me ineligible to volunteer at NNEMAP.

I understand that my participation as a volunteer is contingent upon my ability to adhere to NNEMAP policies and procedures; to fulfill the duties of my assigned role; and to work as part of a team with other volunteers.

I understand that my failure to adhere to NNEMAP policies and procedures as outlined in this Application and Agreement will result in the immediate termination of my volunteer engagement with NNEMAP.

I understand that I may be photographed or my image otherwise used for promotional purposes, on marketing materials, or for ongoing development and fundraising efforts to benefit NNEMAP. I do \_\_\_\_\_ do not \_\_\_\_\_ consent to the use of my photo or other personal likeness.

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



# VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

I, \_\_\_\_\_, agree to work as a volunteer for NNEMAP Food Pantry (“NNEMAP”). I understand that I will have access to certain sensitive information about the clients served, which may include financial, medical, insurance, health, living situation and other confidential records (the “Client Confidential Information”). I acknowledge my obligation to respect the client’s privacy and the confidentiality of Client Confidential Information. I agree to keep all Client Confidential Information confidential and will not disclose the Client Confidential Information for any reason other than to serve the client or to comply with a valid subpoena or other law or regulation or with the client’s prior consent. I understand disclosing Client Confidential Information except in the foregoing situations could result in civil liability.

As a volunteer, I am aware that my participation may require physical activity (i.e. standing, lifting and carrying up to 50 pounds) and will require the use of reasonable caution to avoid injury. I am voluntarily participating for NNEMAP with knowledge of the hazards and potential dangers involved and agree to accept and assume any and all risks of personal injury and property damage.

I understand that the tools, equipment and materials provided by NNEMAP are and remain the property of NNEMAP, and I agree to return these tools and any remaining materials to NNEMAP at the end of my volunteer service.

I agree that I will not be compensated in any way for my voluntary service to NNEMAP. If I am a client/customer of NNEMAP, I understand that my account must be in good standing when I begin volunteer service. In addition, my account must stay in good standing for the duration of my volunteer service. As a client/customer of NNEMAP, I understand that volunteering does not entitle me to extra pantry benefits, additional services or any other treatment that could be considered compensation for volunteering. I understand that I am not required to volunteer in order to receive pantry benefits.

I understand that NNEMAP is a member agency of the Mid-Ohio Food Bank. As such, NNEMAP’s volunteer policy is driven by expectations dictated by the Mid-Ohio Food Bank. Strict adherence to NNEMAP policies and procedures is necessary to maintain the pantry’s relationship with Mid-Ohio Food Bank.

I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS NNEMAP AND ITS MEMBERS, AGENTS, EMPLOYEES, INSURERS, ATTORNEYS, SUCCESSORS, AND ASSIGNS AGAINST AND FROM ANY AND ALL SETTLEMENTS, LOSSES, DAMAGES OF ANY TYPE, JUDGMENTS, COSTS, EXPENSES (INCLUDING WITHOUT LIMITATION ATTORNEYS’ FEES AND EXPENSES) OR OTHER LIABILITIES OF ANY CHARACTER WHICH ARISE OUT OF, RELATE TO OR RESULT FROM ANY ACT OR OMISSION OF MINE RELATING TO THIS AGREEMENT OR TO ANY VOLUNTEERING OR OTHER ACTIVITIES I PERFORM AT OR ON BEHALF OF NNEMAP.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_