



Brockport Ecumenical Food Shelf

14 State Street
Brockport, NY 14420
(585) 637-8169
brockportfoodshelf@gmail.com

Thank you for your interest in the Brockport Ecumenical Food Shelf. The Brockport Ecumenical Food Shelf's mission is to reduce hunger by providing food relief to eligible residents. This commitment includes helping applicants empower themselves through appropriate channels and offers a variety of volunteer opportunities. All clients will be treated with respect, and all volunteers and donors with appreciation.

Since we receive many requests to volunteer and because training new volunteers is time-consuming, we do request that volunteers are able to give a minimum 2-3 month commitment. Most volunteer activities would require about 2-4 hours each week.

If you are interested in pursuing volunteer opportunities with the Brockport Food Shelf, please fill out the attached application and return it either by email to brockportfoodshelf@gmail.com or by mail to Director, Brockport Food Shelf, 14 State St., Brockport, NY 14420.



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VOLUNTEER APPLICATION

Name: _____

Address: _____

eMail: _____ **Phone:** _____

Emergency Contact: _____

Recent employer or professional reference

Name: _____ **Phone:** _____ **eMail:** _____

I am interested in:

- ☐ assisting clients select food from our stock
- ☐ Saturday hours
- ☐ delivering food to clients (must be two volunteers)
- ☐ picking up food at Foodlink (requires a class at Foodlink)
- ☐ being a liaison to your church, school or civic organization
- ☐ cleaning and/or maintenance
- ☐ data entry (requires experience using Excel & Dropbox)
- ☐ website maintenance
- ☐ event planning
- ☐ fundraising support
- ☐ outreach
- ☐ Resource Team
- ☐ other Please specify: _____

I have experience using:

- ☐ Excel ☐ MS Word (mail merge) ☐ Dropbox

Days/hours available: _____

I need Community Service hours (how many?): _____hrs.

Confidentiality Agreement

Brockport Ecumenical Food Shelf staff and volunteers will, to the best of their ability, ensure confidentiality and privacy regarding history, records and discussions about the people they serve. Staff and volunteers will not disclose any information about a person, including the fact that the person is or is not served by the organization to anyone outside of this organization unless authorized by the Board of Directors. All records will also remain confidential and will not be released to anyone without a signed release from the client.



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I have read and understand that all client files and information regarding clients is confidential and agree to adhere to this policy.

Employee/Volunteer Signature

Date

FOR OFFICE USE

_____ Civil Rights Form
_____ Input Information
_____ Scanned/Filed Application
_____ Scheduled
_____ Orientation Training
_____ Initial/Date