

GROCERY SHOPPING VOLUNTEER APPLICATION



NAME _____ DATE OF BIRTH (M/D/YY) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

EDUCATIONAL BACKGROUND _____

CURRENT OCCUPATION _____

HOBBIES, SKILLS, INTERESTS _____

PREVIOUS VOLUNTEER EXPERIENCE _____

PREFERRED METHOD OF CONTACT _____

When would you be able to do the shopping & delivery? (Mark as many as apply)
Must shop between the hours of 6:30 am and 5:00 pm, when a manager is on duty.

_____ Wednesday _____ Thursday _____ Friday _____ am

_____ Saturday _____ Sunday _____ pm

Is there a zip code you prefer to deliver? (Give as many as apply)

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Which Redner's Warehouse Market would you shop? _____
(You can pick anyone that is close to where you live or work.)

References (provide the names and contact information for two persons that we may contact):

Have you ever been convicted of a crime? Yes No

[If yes, please explain the nature of the crime and the date of the conviction and disposition.]

Background checks may be required for certain volunteer positions. A consent form will be provided if applicable.

Driver's License State/Number _____ Exp. date _____

Insurance Policy # _____ Exp. Date _____

Release & Agreement

Berks Encore hope that all volunteers recognize the very special nature of our mission and service. In that light, we expect that all volunteers will exercise caution and good judgment in discussing any aspect of the position of volunteer with fellow volunteers, clients, and with those outside the program. Of special concern is the privacy and rights of those we serve. Confidentiality is crucial.

- I agree to offer my services as a volunteer. I understand that I am not a paid employee.
- I understand that if I use my personal vehicle as transportation, I must keep in effect my auto insurance equal to the minimum required by the Commonwealth of Pennsylvania and will observe all traffic laws.
- I agree to comply with the Pennsylvania food safety guidelines as stated in the Volunteer Information
- I have read and understand the Volunteer Information packet.
- I understand the statements above and agree to abide by them as indicated by my signature below.

Volunteer Signature _____ Date _____

PARENT/GUARDIAN SIGNATURE
(If under 18 years of age)

DATE

Please return this form to:

Berks Encore
Attn: Amy Squibb
40 N. Ninth Street
Reading, PA 19601
610-374-3195 x 216
Fax: 610-374-3483
Email: asquibb@berksencore.org