



Feeding people. Changing lives.

Volunteer Application and Contract

Please complete and mail or deliver to:
The Open Door, 28 Emerson Avenue, Gloucester, MA 01930
OR Send by email to: volunteer@foodpantry.org

* Contact Information

Name: _____ Phone #: _____
Address: _____ City: _____
E-mail: _____ Month & day of birth: _____

* I am interested in volunteering at the following locations: Gloucester Ipswich

* I am interested in volunteering for the following:

Community Meals Food Pantry Warehouse/Food Rescue Mobile Markets
 Events Kitchen Administrative projects Second Glance Thrift Store

* I am available on:

Hours available: _____ Hours available: _____ Hours available: _____ Hours available: _____
 Mondays _____ Wednesdays _____ Fridays _____ Sundays _____
 Tuesdays _____ Thursdays _____ Saturdays _____

* I am interested in volunteering: Daily Weekly Monthly Annually

* Are you available year round? Yes No If no, when: _____

* Please list three references (no relatives) we may contact.

1. Name: _____ Phone: _____ Email: _____
2. Name: _____ Phone: _____ Email: _____
3. Name: _____ Phone: _____ Email: _____

* How did you find out about The Open Door? _____

* Why do you want to volunteer? _____

* Are you able to perform the work with or without a reasonable accommodation? Yes No

Please describe the accommodation we can assist you with: _____

* What is your professional background? _____

*Current Occupation _____ *Current Employer: _____

*Does your current/previous employer offer:

- Matching Gifts Charitable Foundation Grants Employee Volunteer Incentives
 Not-for-profit Event Sponsorships Other _____

Would you be willing to recommend us? Yes No I Don't Know

*Do you have any special skills? Please check all that apply.

- Kitchen Skills Computer Literacy Data Entry
 Ability to lift 40 pounds or more Retail experience
 Language Fluency – If yes, which language? _____
 Other _____

*Are you completing Community Service and need your hours reported? Yes No

(Examples – Community Service for Church, Juvenile Diversion Program, School, Court, DTA, GHA, etc.)

*If your hours need to be reported, please list the following:

Name of Organization Hours are to be reported to: _____

Contact Person at Organization: _____ Phone # _____ Email Address _____

When do your hours need to be completed by? (DD/MM/YYYY) _____

***Please note, you will need to complete the above information for your hours to be reported.

* Emergency contact information:

Name: _____ Phone: _____ Relationship to Applicant: _____

*If eighteen or younger, please list contact information for your legal guardians

Name: _____ Phone: _____ Relationship to Applicant: _____

Name: _____ Phone: _____ Relationship to Applicant: _____

VOLUNTEER CONTRACT:

I pledge to carry out my duties as a volunteer at The Open Door in a trustworthy and diligent manner and to be courteous and helpful to all clients, guests, customers, staff, and other volunteers.

I agree to follow all policies of The Open Door including the guidelines and policies of the program or programs for which I am volunteering.

I agree that if I violate this contract, I will resign as a volunteer at The Open Door.

I understand that this contract is valid through December of the year in which it is signed, and that at that time and upon a successful review, I may be invited to volunteer for another year.

* Signature of Applicant: _____ Date: _____

Thank you for your interest in volunteering at The Open Door.