



715 Wisconsin Street • Lake Geneva, WI 53147 • 262.248.2337

lgfoodpantry@gmail.com • lakegenevafoodpantry.org

Volunteer Application

Please **print** and complete all sections.

Name: _____ Birth date: _____

Street address: _____ City, zip: _____

Mailing address: _____ City, zip: _____

Phone: _____ Email address: _____

Emergency contact: _____ Phone: _____

Preferred volunteer assignments: Long-Term Short-Term On-Call (Special Events)

Days/times available: _____

Days (or months) unavailable: _____

Are volunteer hours required for any reason? If so, please explain.

Have you ever been convicted of a felony or are any felony charges pending against you? If yes, please explain below. (Note: Answering yes will not automatically bar persons from becoming volunteers, but will be considered with respect to time, circumstances, seriousness, and relationship to volunteer responsibilities.)

Yes No

Because the pantry shares space with a daycare center, we are required to complete background checks on our volunteers.

I hereby authorize Volunteer Connection, Inc., Walworth county government, and/or its agents to make an independent investigation of my background, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information provided on this form. I release Walworth county and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used. I attest that the above is my true and complete legal name and date of birth and all information is true and correct to the best of my knowledge.

Signature of Volunteer Applicant

Date