



Volunteer Application

Today's Date: _____

Please Print LEGIBLY

Thank you for your interest! Please complete this application and either bring it to the food pantry directly or you can email it to kcozzi@anbfood.today.

Last Name

First Name

Street Address

City

State

Zip Code

E-Mail Address

Home Phone Number

Cell Phone Number

Emergency Contact & Relationship

Phone Number

Have you ever worked in food service before? Yes No

If so, please give us where, what you did and how long: _____

Why do you want to volunteer here? _____

What do you know about us? _____

What are your expectations for this volunteer position? _____

How much time would you like to spend in a volunteer role? _____

What skills, abilities and qualities would you bring to a volunteer role? _____

Above & Beyond Free Food Pantry
(773) 823-1660
anbfood.today
817 S. Pulaski Rd.
Chicago, IL 60651

How far do you live from our location (please calculate miles and approximate time):

Date available to begin: _____ Are you over 18 years of age? Yes No

Do you know any of our employees? Yes No If yes, whom? _____

Are there tasks you do not want to do as a volunteer? _____

What would you say are three of your strengths?

What would you say are three of your weaknesses?

Have you been convicted of a felony within the last seven years? Yes No

If yes, date of Conviction: _____

Have you been charged or convicted within the last seven years of sexual offenses, embezzlement or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crimes? Yes No

If yes, please explain to Ken in person (this information will be kept confidential).

Note: Answering "yes" to either one of the above two questions does not automatically exclude you from further consideration for a volunteer position with us.

Why do you want to volunteer & what would you like us to know about you:

Highest Level of Education: _____

Employment and Volunteer History (Please complete for all full-time or part-time employment or volunteerism beginning with your most recent experience)

Company/Organization Name: _____ **Telephone:** _____

Role/Title: _____ **Contact/Supervisor:** _____

Dates of service or employment: From: _____ **To:** _____

Company/Organization Name: _____ **Telephone:** _____

Role/Title: _____ **Contact/Supervisor:** _____

Dates of service or employment: From: _____ **To:** _____

Company/Organization Name: _____ **Telephone**
#: _____

Role/Title: _____ **Contact/Supervisor:** _____

Dates of service or employment: From: _____ **To:** _____

If you had a “magic wand” to create a perfect volunteer opportunity, what would it look like?

Have you ever resigned a volunteer opportunity? Yes No

If yes, explain: _____

Did you experience any disappointment during your volunteerism? Yes No

If yes, please explain: _____



Volunteer Application

This application has been completed to the best of my ability and is truthful. I understand that I cannot be under the influence of any drugs or alcohol while I am volunteering. I will respect the rules of the organization and follow instructions provided to me by members of the staff and appointed volunteers. I promise to smile a lot, even when I am not happy, and treat every single guest of the Pantry like they are the most important person in the world. If I see anyone doing anything they should not be doing, I will let a staff member know immediately.

Printed Name of Volunteer Applicant: _____

Signature: _____ **Date:** _____