



SOUTH COUNTY FOOD PANTRY
247 Center Court
Venice, FL 34285
Phone - 941.408.2911

VOLUNTEER APPLICATION

Please print. Return to the pantry either in person or by mail at the above address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Emergency Contact: _____ Phone _____

I live in Venice year round. Yes No

I would like to help the pantry in the following way:

- Gathering donations from my neighborhood or various groups or businesses
- Volunteering at fundraising activities
- Processing donations, i.e. date checking, counting, sorting
- Stocking Shelves

Days Available: Monday Tuesday Wednesday Thursday Friday

I, _____, as a volunteer at the South County Food Pantry, agree not to lift heavy objects, over exert myself, or act in any way as to cause myself harm or physical impairment. The duties I perform are of my own free will, and I will not hold the South County Food Pantry responsible for any injuries I might sustain while working as a volunteer. I understand that all client information received during the course of my volunteer activities at the South County Food Pantry is privileged and strictly confidential. I understand that any violation of confidentiality will result in my termination as a volunteer.

Signature: _____ Date: _____