



Ritenour Co-Care Food Pantry
 9303 Midland Blvd.
 Overland, MO 63114
 314-493-6028

VOLUNTEER APPLICATION (18 and over)

Personal Information

Full Name:			
	<i>Last</i>	<i>First</i>	

Address:		
	<i>Street Address</i>	<i>Apartment/Unit #</i>

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Cell Phone:		Alternate Phone:	
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Email		Birthdate:	
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Hours of Availability: Please check all you may be available to help

Monday	Wednesday	Friday		
<input type="checkbox"/> 8am-1pm	<input type="checkbox"/> 8am-1pm	<input type="checkbox"/> 8am-1pm		
<input type="checkbox"/>	<input type="checkbox"/> 4:45pm-7pm	<input type="checkbox"/>		
	<input type="checkbox"/>			
Please note here if you have more specific times for each day.				

Please add me to the "As Needed" list to be called if needed on a different day.

Emergency Contact

Full Name: _____ Phone: _____

Alternate Phone: _____ Email: _____

Medical Information

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Please provide any additional information regarding allergies/conditions that may be of assistance in an emergency situation. Any illnesses/conditions that may be of assistance in case of a medical emergency.

Other Information

How did you find out about Ritenour Co-Care Food Pantry?

Special skills, talents, or areas of interest you would like to mention:

Signatures

Volunteer Signature:

_____ Date: _____

FOR OFFICE USE ONLY:

RCC Food Pantry Approval _____

Date _____

Volunteer Start Date: _____

RCC Notes:

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Aisle/Table Monitor
<input type="checkbox"/>	Stock
<input type="checkbox"/>	Registration
<input type="checkbox"/>	Receiving
<input type="checkbox"/>	Driver/Helper
<input type="checkbox"/>	Bilingual _____
<input type="checkbox"/>	"As Needed" List
<input type="checkbox"/>	Special Events



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ACKNOWLEDGMENT OF RISK AND RELEASE FROM LIABILITY

I understand that volunteering with Ritenour Co-Care Food Pantry may involve a certain degree of risk from volunteer activities including but not limited to handling food items, large boxes, shopping carts, pallet jacks, entering or working on, in and/or around box trucks or any other vehicles. I understand that injury may occur as a result of these activities. I agree to assume these risks and I understand that my participation in these activities is entirely voluntary. I agree to WAIVE and forever release any right to SUE FOR PERSONAL INJURY the Ritenour Co-Care Food Pantry, its employees and volunteers, based on these risks and based on my participation in volunteer activities.

I am relying on my own judgment without influence by anyone in making this Acknowledgment of Risk and Release from Liability.

Volunteer Signature _____ **Date** _____

**PLEASE REVIEW THIS CAREFULLY AND ASK QUESTIONS IF YOU HAVE THEM.
Thank you for volunteering!!**



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<https://www.rccfoodpantry.org/>

CONFIDENTIALITY POLICY

All information concerning clients, former clients, our staff, volunteers, and financial data, and business records of Ritenour Co-Care Food Pantry (RCCFP) is confidential. “Confidential” means that you are free to talk about RCCFP and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff, and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

RCCFP expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. General information, policy statements, or statistical material that is not identified with any individual or family, is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients.

Failure to maintain confidentiality may result in termination of your position, or other corrective action. This policy is intended to protect you as well as RCCFP.

Certification

I have read RCCFP’s Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform the Executive Director immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with RCCFP.

Signature _____

Name _____ Date _____

(approved March 12, 2025)