



# You Are Special Food Pantry & Community Outreach VOLUNTEER APPLICATION

Today's Date: \_\_\_\_\_  
MM / DD / YYYY

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone: \_\_\_\_\_ / \_\_\_\_\_ Best time to contact you:  a.m.  p.m.  
Cell/Home Work

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male  Female   
MM / DD / YYYY

**Please tell us about yourself!** (Please fill out as many that apply.)

**Occupation:** Employed  Self-employed  Homemaker  Retired   
Middle School Student  High School Student  College Student

Business/Organization/School Name: \_\_\_\_\_

**Other Involvements:** (Please fill out as many that apply. Specify the name and location.)

- Church/Faith Organization: \_\_\_\_\_
- Clubs/Organizations: \_\_\_\_\_
- Sports Team/League: \_\_\_\_\_
- Other: \_\_\_\_\_

**How did you first hear about our program?** (Please mark one of the following)

- Internet  Newspaper  Friend  Radio  Newspaper  Current Volunteer
- Church/Faith Organization  Work  Club/Organization  Other: \_\_\_\_\_

**Previous volunteer experience:**  Yes  No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Volunteering times are on Tuesdays from 10am to 2pm and Wednesday from 7:30am – 9am.  
Please indicate below the days and times you are available to volunteer:**

- Tuesdays, time available: \_\_\_\_\_
- Wednesday, time available: \_\_\_\_\_

**Please indicate areas of interest for your volunteer work:**

- Fundraising  Special Events  Grocery Sorting  Packing Assistance  Social Media
- Website Other  \_\_\_\_\_

# You Are Special

Do you have any special needs that we need to be aware of?

Wheelchair accessibility    Physical Assistance    Other \_\_\_\_\_

The questions below are required to ensure a safe and secure environment for our students. All information will be held in strict confidence. Thank you for answering them.

Have you ever been accused, arrested or convicted for any child abuse crimes?    Yes  No

Have you ever been accused, arrested or convicted for any sexually related crimes?    Yes  No

Have you ever been accused, arrested or convicted of a substance abuse related crime?    Yes  No

Emergency Contact:

Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_ | Phone Number: \_\_\_\_\_

\*\*\*\*\*  
Please give the name address and phone number of 2 current personal references who would be able to provide information related to your volunteer work, personal history and experiences.

1. Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or organizations listed in this application to give you any information they may have regarding my character and fitness for working with children, and I release all such parties from liability for any damage that may result from furnishing such information to you. I understand that any personal information will be held in strict confidence. I agree to not use profanity, wear working clothes that cover stomachs, chests and bottoms and closed toe shoes because I will be serving by bending over and picking up items and in a messy environment..

I agree to hold You Are Special Community Outreach and its partners, their boards and commissions, and their officers, agents, employees, and/or volunteers harmless from and against all claims, loss or liability of any kind or nature for any possible injury incurred during my volunteer service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*If you have any questions or would like more information please contact:

**You Are Special Food Pantry & Community Outreach**

(714) 863-6058

info@youarespecial.org

3512 E. Chapman Ave, Orange, CA 92869 · Ph. (714) 863-6058 · Fax (714) 744-8128

<http://youarespecial.org>