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

# YOUTH

# Volunteer Application (Ages 15 - 17)

## Personal Information

| Full Name: |  |  |  |
| --- | --- | --- | --- |
|  | Last | First |  |

| Address: |  |  |
| --- | --- | --- |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | City | State | ZIP Code |

| Cell Phone: |  | Alternate Phone: |  |
| --- | --- | --- | --- |

| Email | Birthdate**:** |
| --- | --- |

## Hours of Availability: Please check all you may be available to help

| **Monday** | **Wednesday** | **Friday** |  |  |
| --- | --- | --- | --- | --- |
| [ ] 8am-1pm | [ ] 8am-1pm | [ ] 8am-1pm |  |  |
| [ ] | [ ] 4:45pm-7pm | [ ] |  |  |
|  | [ ] |  |  |  |
| Please note here if you have more specific times for each day.  I I I I  I I I I | | | | |

[ ] **Please add me to the**

**“As Needed” list to be called if needed on a different day.**

## PARENT/GUARDIAN CONTACT

| Parent/Guardian Name: |  | | |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Last | | | First |  |
| Phone: |  | Email: |  | | | |
| Relationship to volunteer: |  | | | | | |

## Medical Information

|  |  |  |
| --- | --- | --- |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-------------------------------------------------------------------------------------------------------------------

**FOR OFFICE USE ONLY:**

RCC Food Pantry Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RCC Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**ACKNOWLEDGMENT OF RISK AND RELEASE FROM LIABILITY**

The Ritenour Co-Care Food Pantry allows youths ages 15 and older to volunteer in sorting cans, produce, and other items in the pantry. Youth may help carry items around the pantry, stock shelves, sort products, distribute flyers and other tasks as assigned.[[1]](#footnote-0)

**Youth MAY NOT**:

* Enter the freezer or walk-in coolers;
* Drive or ride in pantry trucks;
* Load or unload food delivery trucks at pick-up sites or at pantry;
* Use knives;
* Handle or manage confidential or personally identifiable information;
* Leave the pantry property without signing out.

The Ritenour Co-Care Food Pantry will assign youths ages 15 through 17 to a supervising adult. Each youth will be introduced to his or her supervisor upon signing in to volunteer for the day.

Each youth shall follow all instructions of the supervisor. The supervisor will oversee the youth’s activities for the day and be available for any questions or concerns the youth may have. Youths under the age of 15 may volunteer with a parent or guardian on site with them.

I understand that volunteering with Ritenour Co-Care Food Pantry may involve a certain degree of risk from handling food items, large boxes, shopping carts, and pantry items. 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. And, I 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE REVIEW THIS CAREFULLY AND ASK QUESTIONS IF YOU HAVE THEM.**

**Thank you for volunteering!**

1. Any youth volunteers between the ages of 14 and 15 that volunteer as of July 2024 may continue volunteering. [↑](#footnote-ref-0)