



St. Felix Pantry, Inc.
 4020 Barbara Loop SE
 Rio Rancho, NM 87124
 (505) 891-8075
 sfpvolunteers@stfelixpantry.org

Background: _____
 Offender: _____
 Training: _____

Volunteer Application

Name: _____ Today's Date: _____

Personal Information

Full Name: _____
 Last First Middle Initial
 Address: _____
 Street Address Apartment/Unit #
 City: _____ State: _____ ZIP Code: _____
 Primary Phone Number: _____ E-Mail Address: _____
 Emergency Contact Name and Phone Number: _____

Which days are you available? Check all that apply:

- Tuesday 6 a.m. – 12 p.m.
- Wednesday 6 a.m. – 12 p.m.
- Thursday 6 a.m. – 12 p.m.
- Friday 6 a.m. – 12 p.m.
- Saturday 6 a.m. – 12 p.m.

For Office Use Only

Starting Date: _____

If the need arises, may we call you for help on short notice? Yes: _____ No: _____

What type of work are you willing and able to do at St. Felix Pantry? Check all that apply:

- Food Pantry
 - Warehouse
 - Teaching/Tutoring
 - Where Most Needed
 - Office
- Please list applicable office skills (Word, Excel, etc.) here: _____

Driver's License Number: _____ State: _____ Date of Birth: _____
 Signature of Person Verifying DL and DOB: _____

Authorized Investigation

I authorize St. Felix Pantry to investigate my application for volunteering and to obtain whatever information deemed appropriate in order to evaluate my application, including, but not limited to: a criminal background check, search of the New Mexico State Judiciary website and the New Mexico State Sex Offenders Registry website.

I waive any right of action, cause of action, or other means of redress I may have against any person or entity acquiring or supplying this information concerning my background.

Signature: _____ Date: _____

Photo Release

I understand that St. Felix Pantry may take photographs of me or film me carrying out my duties on the premises. These photographs or videos will be used only to help show the services provided by St. Felix Pantry through public relation brochures, videos, St. Felix Pantry's social media outlets, St. Felix Pantry's website, etc.

Signature: _____ Date: _____



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Pre-Screening Volunteer Questions

Name: _____ Today's Date: _____

1. All volunteers are required to complete a Sexual Harassment online class within three weeks of starting at St. Felix Pantry. If not completed after three weeks, you will be given a one-week warning. If not completed in this timeframe, you will not be able to serve as a volunteer. Please confirm that you understand this requirement by initialing here: _____

2. How did you hear about St. Felix Pantry?

3. Why do you want to volunteer at St. Felix Pantry?

4. What do you think makes a person a good volunteer?

5. What is important to you as you think about volunteering?

6. What do you see as a result of your volunteering?

7. Volunteering here is physically demanding. Do you feel you could work at the pace required for three hours?

- Yes
- No

Explain:

8. Can you work under pressure? Explain

9. How do you handle conflict?

10. We open to the public at 9 a.m. and close at 12 p.m. (noon). If it is time to close and there are still people waiting in line for food, what is your opinion on how the situation should be handled?



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Food Guidelines

Name: _____ Today's Date: _____

To address some inconsistencies in how all services are accessed at St. Felix Pantry, we wish to make the following clear:

- All employees, volunteers, and community service workers who wish to take food must have an application for a St. Felix Pantry card. Proof of New Mexico residency is required.
- Employees, volunteers, and community service workers are welcome to use St. Felix Pantry's services by going through the proper channels.
- St. Felix Pantry cards must be presented at the Front Desk prior to food access.
- Food should be accessed by 8:30 a.m., unless there are extemporaneous circumstances.
- Please coordinate with the assigned Supervisor regarding timing and where your items should be stored.
- All employees, volunteers, and community service workers are eligible for one (1) box of food per week.
- All employees, volunteers, and community service workers are prohibited from accepting money or gifts from clients.
- All exceptions to these guidelines will go through and be approved by the assigned Supervisor.

By signature below, I attest that I have read and understand these guidelines.

PRINT NAME

SIGNATURE

Our Core Values:

Respect for Human Dignity
Compassion
Transformation
Solidarity with the Poor
Peace & Justice



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Volunteer Expectations

Name: _____ Today's Date: _____

Thank you for the gift of your time! St. Felix Pantry would not be able to operate and serve without you. Please review the following information as it pertains to your time here at St. Felix Pantry.

- **CHECK-IN:** Volunteers must sign-in at the designated area (please ensure you indicate that you are a volunteer). You are responsible for signing-in and signing-out. Once you become a volunteer, you will be issued a name tag to be worn during your volunteer hours served at St. Felix Pantry. Please access your tag on the wall outside the office and leave your tag before you leave for your next visit.
- **SCHEDULE:** If you are unable to come in on your scheduled day, please call (505) 891-8075 and let someone know so that alternate arrangements may be made.
- **ADHERANCE:** Volunteers and community service workers must adhere to all St. Felix Pantry policies and procedures.
- **BREAKS:** If time and resources permit, please feel free to take a break. Periodically, there are snacks in the kitchen. If you prefer to bring food from home, there is a refrigerator and microwave for your use.
- **SECURITY:** All personal items should be left in your locked car. St. Felix Pantry has no secured area to store personal items.
- **DUTIES:** Depending on the number of St. Felix Pantry staff, volunteers, and community service workers available on any given day, assigned duties may be changed.
 - **WHAT TO EXPECT:** Examples of what you will do include: general cleaning, sorting, wrapping food; unloading food from St. Felix Pantry's trucks or donor vehicles; moving food from one location to another; breaking down boxes; taking out trash; assisting guests with carrying food to their vehicles; other duties as assigned/needed.
- **NOTE:**
 - St. Felix Pantry does not allow public displays of affection.
 - Complete the insurance form included in this Volunteer Application packet. This will ask for an emergency contact name and telephone number, along with your Social Security Number and Date of Birth, in the event of a claim.
 - Report any incidents/emergencies to a Supervisor immediately.
 - Only volunteers trained to operate machinery (forklift, warehouse door, etc.) may do so.

DO	DON'T
Complete your Sexual Harassment Training	Accept money or gifts from clients
Arrive before your scheduled start time	Take anything from St. Felix Pantry without permission
Park in the designated areas	Park in front of or next door to St. Felix Pantry
Dress in comfortable, appropriate work clothing	Wear open toed shoes; tank tops; revealing clothing
Expect to work inside as well as outside	Wear pants below the waistline
Sign-in and sign-out when your shift begins and ends	Smoke on St. Felix Pantry Property
Accept job assignments from Supervisors	Use offensive language (zero tolerance for foul language)
Use your cellphone for emergencies only	Use your cellphone for anything other than emergencies
Be courteous to all on St. Felix Pantry Property	Disrespect anyone on St. Felix Pantry Property
Work safely	Bring weapons, alcohol, or drugs onto St. Felix Pantry's Property
Clean-up after yourself	Enter any St. Felix Pantry vehicle without permission
Ask questions if you do not understand anything	Tamper, repair, or work on any St. Felix Pantry machinery
Report any incidents to a Supervisor	Damage, misuse, or abuse St. Felix Pantry Property

I understand and agree to the above expectations. Signed: _____



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Insurance Data

Name: _____ Today's Date: _____

As either an employee, volunteer, or community service worker associated with St. Felix Pantry, you are covered under our insurance policies in the event of an accidental injury while serving at St. Felix Pantry. To comply with Federal Law, we are required to maintain certain data in the event of an injury claim, which is kept confidential. If you refuse to provide the following information, we cannot provide accidental injury insurance to you. Please review, complete, sign, and date waiver below. Please Print:

Full Name: _____
 Last First Middle Initial

Address: _____
 Street Address Apartment/Unit #

City: _____ State: _____ ZIP Code: _____

Primary Phone Number: _____ Cellphone Number: _____

Work Phone Number: _____ Home Phone Number: _____

E-Mail Address: _____

Emergency Contact Name and Phone Number: _____

Social Security Number: _____

Date of Birth: _____

AUTHORIZATION IN THE EVENT OF A CLAIM

I authorize St. Felix Pantry, Inc. to use the information given in the event of an accidental injury requiring a claim to be filed with St. Felix Pantry, Inc.'s insurance carrier.

Signed: _____ Date: _____

WAIVER OF INSURANCE COVERAGE

By not providing the information requested, I _____ waive my right to accidental injury insurance coverage through St. Felix Pantry, Inc.

Signed: _____ Date: _____



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Confidentiality Agreement

Name: _____ Today's Date: _____

All records, lists, books, accounts, and files concerning the Sisters, business operations, and vendors/suppliers of St. Felix Pantry, Inc. and any other books and records relating in any manner whatsoever to the operation of St. Felix Pantry, Inc. belong to and shall remain the exclusive property of St. Felix Pantry, Inc.

Volunteers shall keep and hold in trust and in strictest confidence all information hereinafter revealed or disclosed to the Volunteer. The Volunteer shall not use, directly or indirectly, not communicate, disclose, or divulge to others, any such records or information during the term of this Agreement.

In the event of a breach of the non-disclosure of information clause as set forth herein, and because St. Felix Pantry, Inc. would have no adequate remedy at law, St. Felix Pantry, Inc. shall have full right to obtain injunctive relief in equity without the necessity of posting a bond and to recover damages or to obtain any other remedy at law.

In the event any provision of the instant agreement is finally determined by a court of competent jurisdiction to be excessive or unenforceable, the remaining terms of the agreement will be considered to be independent and remain in effect and the court may reform and enforce the provision at issues to the maximum permitted by law.

I understand that my continued volunteerism with St. Felix Pantry, Inc. is contingent upon my compliance with this agreement.

Volunteer Name (Please Print)

Volunteer Signature

Date