



STUDENT VOLUNTEER APPLICATION

*Thank you for your interest in volunteering at Neighbor to Neighbor!
Volunteers are an important part of our team as we are the only food pantry in Greenwich, Connecticut,
and serve over 800 families. Volunteers contribute to the Pantry & Essentials Room operations by
processing donations, stocking shelves, handling the checkout counter and assisting clients, among other duties.*

First and Last Name: _____

Address: _____

Email Address: _____ **Mobile Phone Number:** _____

Do you speak multiple languages or have any special skills? If so, please list them: _____

Do you have any physical limitations? _____

Are you 14 years of age or older? Volunteers under 14 require a parent/guardian chaperone. ☐ Yes ☐ No

Are you 18 years of age or older? Volunteers under 18 require a parent/guardian consent. ☐ Yes ☐ No

Which school do you attend? _____

What is your general availability during the school year?

☐ Wednesdays 3:30 p.m. – 6:30 p.m. ☐ Thursdays 3:30 p.m. – 6:30 p.m. ☐ Saturdays 8:30 a.m. – 12:30 p.m.

What is your general availability during the summer?

☐ Wednesdays 3:30 p.m. – 6:30 p.m. ☐ Thursdays 3:30 p.m. – 6:30 p.m. ☐ Saturdays 8:30 a.m. – 12:30 p.m.

Can you lift 25-40 pounds? ☐ Yes ☐ No

Are you volunteering to fulfill a requirement?

☐ Honor Society ☐ Civics ☐ Graduation ☐ Religious ☐ Court Mandated ☐ Other _____

Who is your in case of emergency contact?

Name: _____ **Relationship to You:** _____

Phone Number: _____ **Email:** _____

If under 14, who is your chaperone?

Name: _____ **Relationship to You:** _____

Phone Number: _____ **Email:** _____



VOLUNTEER AGREEMENT AND LIABILITY RELEASE FORM

Voluntary Participation

I acknowledge that I have voluntarily agreed to participate in the Neighbor to Neighbor ("NTN") volunteer program ("Program"). I understand that volunteers are not paid for their services, are not covered by NTN's medical or insurance policies, and are not eligible for Workers' Compensation benefits.

Release of Liability

In consideration of the opportunity to participate in the Program, I agree that I, my assignees, heirs, and legal representatives will not hold NTN, its affiliates, officers, directors, or volunteers liable for any injury, death, or damage to property arising from participation in the Program. I waive and release any rights, claims, or causes of action related to such incidents.

Photo Release Check One: ☐ Granted ☐ Denied

I give consent for NTN or its authorized representatives to use photographs, recordings, or similar media of me for promotional purposes.

Travel Consent Check One: ☐ Granted ☐ Denied

I agree to participate in local area donation pick-ups, traveling in an NTN van with staff and at least one other volunteer.

Volunteer Name

Parent/Guardian Name (for volunteers under 18)

Volunteer Signature

Parent/Guardian Signature

Date

Date

Address

Address

Phone Number

Phone Number

Circle one: Work Mobile Home

Circle one: Work Mobile Home

Email Address

Email Address

Date of Birth (if under 18)
