

Service Location: 2006 60th St Kenosha, WI 53140
Mailing Address: 4623 75th St. STE 4-177 Kenosha, WI 53142

262-452-0212

Grace Welcome Center

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: (MM/DD/YYYY): ____/____/____

Reason for Volunteering: _____

Special Skills, Talents, or Additional Languages: _____

Do you have any physical concerns or limitations we should be aware of: _____

Volunteer Opportunities

Monday Food Pantry 8 am - noon

Thursday Breakfast / Shower 7 am - 10 am

Tuesday Food Pantry 8 am - noon

Friday Breakfast / Shower 7 am - 10 am

tuesday Food Pantry 3 pm - 6 pm

Approximate date you would like to start volunteering with Grace Welcome Center: ____/____/____

Emergency Contact

Name: _____ Phone: _____

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Terms and Conditions:

As a staff member, or volunteer at a food distribution site that participates in The Emergency Food Assistance Program (TEFAP), I understand that I am working in a program operated under the authority and policies of the Wisconsin Department of Health Services. As I assist qualifying individuals with access to federal commodities and matching food, I understand that I must maintain in strict confidence all of the Personally Identifiable Information (PII) that belongs to individuals and households receiving food assistance. I have a legal and ethical responsibility to protect the confidentiality and security of all persons and their protected information as I carry out my duties. I understand that PII may include (but is not limited to) names of participants; information about their household compositions, dates of birth, addresses, and telephone numbers. I understand that confidential information may be oral, printed or electronic and that I may not identify food pantry participants to others or discuss their usage of the food pantry with others. I understand that both state and federal law and the policies of the Department protect the confidentiality of TEFAP participants and members of their households. I will keep confidential individual and household information that I may obtain either directly or indirectly during the course of my work as I support distribution of TEFAP commodities.

Signature: _____ Date: ____/____/____