

FOODSHARE

Retail Rescue Partner Program Volunteer Information

Name: _____

Date of Birth: _____

Gender (*circle one*): Male Female

Mailing Address: _____

Phone: _____

Email: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone: _____

Name of partner program? _____

Have you ever been convicted of a felony? (*circle one*) Yes No

I understand that when I am participating in the Retail Rescue program I am representing Foodshare and will adhere to the process and procedures outlined by Foodshare.

Signed: _____ Date: _____