

## Volunteer Position Description

**Name of Organization/Program:**

Waterville Food Bank

**Mission/Overview:**

Waterville Food Bank is an all-volunteer organization. We are neighbors and friends working together to help each other provide food assistance to our neighbors in need.

The Waterville Food Bank was founded in 1981 by the Waterville Area Interfaith Council of Faith Communities. Our wheelchair-accessible facility is located at the Pleasant Street United Methodist Church on 61 Pleasant Street in Waterville Maine. While many of our volunteers are church members we are a separate agency that enjoys tremendous support from the church. Aside from a small donation towards the electric bill we occupy the facility cost free.

**Volunteer Position Title:**

Food Order Volunteer

**Volunteer Role Description:**

Becoming a food order volunteer at the Waterville Food Bank requires availability on the first and third Tuesday of every month from 7:30 am to 8:30 am. The person will take care of Food orders.

**Time Commitment:** *Please select the length of the volunteer commitment and include any helpful details about how many hours volunteers should be available to serve weekly/monthly.*

☐ Limited Time/When Project is Complete    ☐ Ongoing at Flexible Times    X ☐ Ongoing at Specific/Set Times

**Details About Time Commitment:**

*(Please include the number of hours you would like students to serve in this role each week as well as any set dates/times if applicable):*

First and third Tuesday of every month from 7:30 am to 8:30 am

**Number of Volunteer Positions Available:**   1

*If you may have other volunteer positions at your organization with different responsibilities or expectations, please complete a separate form for each unique role. Please include the number of volunteers you would like to serve in this specific role.*

**Volunteer Responsibilities/Expectations:**

|                                                                       |
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| <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul> |
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**Desired Qualifications/Skills:**

|                                                                       |
|-----------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul> |
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**Volunteer Coordinator/Volunteer Supervisor at Organization**

**Name:**

**Title:**

|             |  |
|-------------|--|
| Beth Thomas |  |
|-------------|--|

**Email:**

**Telephone:**

|  |              |
|--|--------------|
|  | 207-462-3420 |
|--|--------------|

**Preferred Communication Method of Volunteer Supervisor:**

☐ Email    ☒ Telephone    ☐ No Preference/Both

**Volunteer Resources:**

Please list any technology, software, digital platforms, or other resources that volunteers will need in this position

|                                                                                                |
|------------------------------------------------------------------------------------------------|
| List of Resources/Tools: <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul> |
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**Does this volunteer position involve interaction with minors or other vulnerable populations?**

☐ Yes    ☒ No

If yes, please provide further details:

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**Are there any screenings, background checks, training, or other safety measures that volunteers need to complete before beginning their service?**

☐ Yes      ☒ No

If yes, please provide further details:

**Additional Information:**