

Valuetaan	Devicturation	/Ameliantion
volunteer	Registration	Application

Name:	Date:			
Address:	Zip:			
Home Phone:	Other #:			
Email Address:	Best way to contact you:			
Emergency Contact Information:				
Home Phone:	Work Phone:	Other#:		
Best way to reach person(s):				
Are you able to lift 20 lbs?:				
Are you able to assist clients up the stairs with bags and carts?:				
How often would you like to volunte	er? (once a week, once a month, food d	lrives?)		

Would you be willing to fill in on short notice?:

Volunteers are essential to the service we provide to the people of our community. The Food Pantry appreciates your dedication and contributions. To ensure privacy, it's important that you respect the confidentiality rights of those receiving our help. By signing this form, you are agreeing to disclose no information, regarding a past or present client, to any person outside our service.

Signature: \_\_\_\_\_\_ (Guardian must sign if volunteer is under the age of 18)

Date:

