

**OFFICE COPY**

## Pastor's Pantry Volunteer Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How did you hear about Pastor's Pantry? \_\_\_\_\_

To help us find the best fit for you in our organization, and the best volunteer experience for you, please tell us what volunteer activity/activities most interests you? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Bagging Grocery Orders                  | <input type="checkbox"/> Restocking Shelves      |
| <input type="checkbox"/> Double Bagging Grocery Bags             | <input type="checkbox"/> Receptionist/Greeting   |
| <input type="checkbox"/> Food Pick-up                            | <input type="checkbox"/> Delivering Groceries    |
| <input type="checkbox"/> Janitorial                              | <input type="checkbox"/> Application/Assessments |
| <input type="checkbox"/> Inventorying Purchased or Donated Items | <input type="checkbox"/> Other: _____            |

What day(s) are you available? Please include the time of day you are available.

Monday	Tuesday	Wednesday	Thursday
<i>Example: NONE</i>	<i>10:00am-12:00pm</i>	<i>2:00-4:00-pm</i>	<i>All day</i>

### ***This Section For Pantry Staff:***

Volunteer Assignment Description: \_\_\_\_\_

Assigned by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Pastor's Pantry Staff)*

Are you capable of performing all the duties outlined in the assignment description?  Yes or  No

If no, please share any limitations you may have: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_