

# Westbrook Food Pantry Volunteer Application 2024

#### **Contact Information**

Name				
Street Address				
City, ZIP Code				
Phone .	Home	Cell	Work	
E-Mail Address				

#### **Interests** - Tell us in which areas you are interested in volunteering.

- \_\_\_\_\_ Board of Directors (quarterly meetings plus some other activity)
- \_\_\_\_\_ Food Pantry Support: food pick up, food distribution, stocking shelves, etc
- \_\_\_\_ Gardening
- \_\_\_\_ Fundraising
- \_\_\_\_ Events
- Tech Skills: QuickBooks, Excel, Social Media, etc.

### **Availability** – When are you available to volunteer?

- \_\_\_\_ Pantry, Monday (set up): AM\_\_\_\_\_ PM\_\_\_\_\_
  - Tuesday (distribution): 9AM \_\_\_\_\_ 11AM\_\_\_\_\_ Evening \_\_\_\_\_\_ Food Pick Up \_\_\_\_\_
- \_\_\_\_ Evening Board/Committee meetings
- \_\_\_ Other \_\_\_

#### Languages- What languages do you speak

- \_\_\_\_ English
- \_\_\_\_ French
- \_\_\_\_ Spanish
- \_\_\_\_ Other \_\_

## Person to Notify in Case of Emergency

Name				
Street Address				
City, ZIP Code				
Phone	Home	Cell	Work	
E-Mail Address				

## **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, or disability. You must be at least 21 years old to volunteer.

Thank you for completing this application form and for your interest in volunteering with us.