



EAST FORT BEND HUMAN NEEDS MINISTRY, INC. Interfaith Food Pantry & Financial Assistance

VOLUNTEER INFORMATION

Name _____ DOB: MO/Day _____

Address _____

City/State/Zip _____ Home Phone _____

Work/Cell Phone _____ E-mail address _____

In case of emergency, please contact (give name and phone #)

I would like to volunteer to work in the following areas (check all that apply):

_____ In the back filling orders

_____ Administrative Tasks (data entry)

_____ In the office screening clients

_____ Occasionally, i.e. food drives, fundraisers

_____ In the lobby as a receptionist

_____ As a substitute screener, on call

I would prefer to work on the following days:

_____ Tuesdays 10:00 a.m. – 1:30 p.m.

_____ Wednesdays 10:00 a.m. - 1:00 p.m.

_____ Wednesdays 6:00 p.m. - 8:00 p.m.

_____ Thursdays 10:00 a.m. - 1:30 p.m.

_____ Fridays 10:00 a.m. - 1:30 p.m.

_____ Saturdays, as needed

I can work on the following schedule:

_____ Every week

_____ Every other week

_____ When called as substitute

_____ During holidays, food drives, etc.

How did you find out about us? _____

If you come as a volunteer from a local church or congregation, please tell us which one:

Thank you for your information and support! Your information will be kept on file.

Volunteer Signature _____ Date _____