



**East Fort 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 #)

---

\_\_\_\_\_ Adult (over 18 and/or not in school) \_\_\_\_\_ Student. If so what school? \_\_\_\_\_

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

- |                                       |   |
|---------------------------------------|---|
| _____ In the back filling orders      | _____ Administrative Tasks (data entry, etc.)     |
| _____ 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.   |   |

**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 congregation or parish, please tell us which one:

---

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

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