

# Volunteer Application

*St. John Lutheran Church Food Pantry 1/25/16*

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

I am interested in volunteering for (mark all that apply):

\_\_\_\_ Service hours for school, church or an extra-curricular activity

\_\_\_\_ Experience giving back to the community

\_\_\_\_ Court-mandated community service

\_\_\_\_ Other: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Valid Driver's License #: \_\_\_\_\_

Are you 18 or older?                      Yes                      No

**In case of emergency, contact:**

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

**References** List two people that you have known for at least one year who are not related to you and who have knowledge of your characteristics and abilities:

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

Nature of association: \_\_\_\_\_  
\_\_\_\_\_

Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

— City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Nature of association: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

— City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Personal Information:**

How did you hear about St. John Food Pantry?

☐ [www.VolunteerMatch.com](http://www.VolunteerMatch.com), or [www.stjohnfood.org](http://www.stjohnfood.org)

☐ friend or referral

☐ I am a member of St. John Church

☐ I have been a client of St. John Food Pantry

☐ Other: \_\_\_\_\_

What areas of the St. John Food Pantry interest you? (check all that apply)

☐ Distributing food during Food

☐ Mobile Food Pantry

☐ Pantry hours of operation

☐ Receiving food donations at the church

☐ Picking up food donations

☐ Volunteer coordination

(must have your own

☐ Corporate sponsorship, fundraising

vehicle, valid driver's license

and insurance)

When are you interested in volunteering? (Please check all that may apply)

☐ Mornings

☐ Monday

☐ Thursday

☐ Afternoons

☐ Tuesday

☐ Friday

☐ Evenings

☐ Wednesday

☐ Saturday

Languages spoken (other than English): \_\_\_\_\_

*In order to ensure the safety of our volunteers and all who use St. John Church, we ask the following questions. Answering "yes" does not necessarily eliminate you from participating at the food pantry.*

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work or interfere with your personal safety?

☐ yes

☐ no

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever been found guilty, or pled guilty or no contest to a criminal charge?

☐ yes

☐ no

If yes, please describe the nature, date, and circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby attest that all information given in this *Volunteer Application* is true and accurate to the best of my knowledge. I hereby give St. John Food Pantry/St. John Lutheran Church permission to copyright and/or use, reuse and/or publish and/or republish pictures or images of me for the purpose of illustration, advertising, and promoting the organization through any medium.

I understand that volunteering for St. John Food Pantry may involve heavy lifting and carrying of donated food and other materials and/or the use of my personal vehicle to transport donations. I will not use cellular phones or any other mobile devices while operating motor vehicles as a volunteer and hereby accept and assume full responsibility for any injury I might suffer, that I may cause to others, and any damage my vehicle or any other property may incur while volunteering for St. John Food Pantry.

Signature of volunteer applicant: \_\_\_\_\_

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

Signature of church representative: \_\_\_\_\_

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

*THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.  
IT WILL HELP US KNOW YOU BETTER.  
WE LOOK FORWARD TO WORKING WITH YOU!*

**OFFICE USE ONLY:**

*If volunteer is interested in transporting food donations from Jewel, Panera, or to off-site storage facility, attach the following and check off, below.*

\_\_\_\_\_ *valid driver's license*

\_\_\_\_\_ *valid insurance card*