

The Clothes Closet and Food Pantry Adult Volunteer Application

Office Use Only

Date Received _____

Approval _____

Data Input _____

NAME _____ Birthday (Mo/day) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (C) _____

EMAIL _____ CHURCH AFFILIATION _____

How did you hear about the Clothes Closet? _____

Have you ever received help from the Clothes Closet? Y N How long ago?

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone Number _____

TWO REFERENCES WE MAY CONTACT

Name _____ Phone Number _____

Name _____ Phone Number _____

Which days are you interested in volunteering (9AM – 12PM)?

Monday Tuesday Wednesday Thursday Friday 1st Sat. 2nd Sat. 3rd Sat.

What area do you desire to volunteer?

Clothing Sorter Assisting Clients Linens Assistant Food Pantry

Local Store Pick Up/Delivery Warehouse /Best Boy Data Input