

VOLUNTEER APPLICATION FOR THE ST. MATTHIAS FOOD PANTRY
11300 W. Huguenot Road, Midlothian, VA 23113-1121

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

PREFERENCE FOR VOLUNTEERING: YOU MAY SELECT MORE THAN ONE AREA

Packer: _____ Driver: _____ Greeter: _____

Shopper: _____ Pick up food @ Kroger: _____ Organizer: _____

CHECK ANY WEEK DAY YOU ARE ABLE TO VOLUNTEER:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Relationship: _____

Acknowledgement of Confidentiality of Client Information

I agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as Volunteer, and I understand that it would be a violation of policy to disclose such information to anyone without checking first with my team leader.

Signature of Volunteer _____ Date: _____

I hereby give permission for my photograph to be used for marketing purposes or St. Matthias publications.

Signature: _____ Date: _____

*Background check: _____ *Safe Church training: _____

* (Must be completed prior to working in the pantry)