Volunteer Information Form

DATE: ___________

NAME: _____________________________________________________

ADDRESS: ________________________________________________________________________________

CITY: _____________________   ZIP CODE:___________________

HOME PHONE: (____) ____-______  CELL PHONE: (____) ____-______

EMAIL: __________________________________________________________

MEMBER CHURCH NAME OR ORGANIZATION:  __________________________________

Faith Lutheran Church
First Congregational Church
First Presbyterian Church
First United Methodist Church
Glen Ellyn Bible Church
Glen Ellyn Covenant Church
Grace Lutheran Church
St. Barnabas Episcopal Church
St. James the Apostle Church
St. Luke Lutheran Church
St. Mark’s Church
St. Petronille Church
St. Thomas United Methodist Church
Seventh Day Adventist Church
Village Green Baptist Church

CONTACT PREFERENCE:   (circle one)  email  phone:  cell or home

PREFERENCE OF DUTIES: (check all that apply)

• _____ Food Recovery: Driver
• _____ Food Recovery: salvage and sort
• _____ Client Assistance
• _____ Donation Check-In / Stocking Shelves
• _____ Food Bank delivery: Unload and restock

AVAILABILITY:   (circle all that apply)

Morning (9-11am)or(11:30am-12:30pm)  Afternoon (1–3pm)  Evening (5-7pm)

Monday   Tuesday   Wednesday   Thursday

ARE YOU A STUDENT?     Yes     NO     (If yes)     High School     College

LIMITATIONS:

• Do you have any physical or medical limitations?  Yes    No    (please explain)

• Do you have any Latex or Food Allergies? Yes    No    (please explain)

Emergency Contact Information:

Name: _____________________________Relationship: _____________________________

Home Phone: (____)- ____-______ Cell Phone: (____)- ____-______

Thank You for your interest in becoming a Glen Ellyn Food Pantry Volunteer!

Glen Ellyn Food Pantry      493 Forest Avenue      Glen Ellyn, IL   60137
630.469.6988    Volunteer Hotline