

PICKERINGTON FOOD PANTRY

VOLUNTEER DATA SHEET

**THIS INFORMATION WILL BE HELD IN STRICTEST
CONFIDENCE**

VOLUNTEER NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

DO YOU HAVE ACCESS TO AND/OR USE THE INTERNET?

LOCAL CHURCH AFFILIATION (OPTIONAL): _____

ARE YOU WILLING TO SUB ON OTHER SHIFTS? Y N

IF SO, WHEN ARE YOU AVAILABLE? _____

**ARE YOU AVAILABLE TO ASSIST IN PICKING UP FOOD
DONATIONS? IF SO, WHEN?** _____

**ARE YOU AVAILABLE TO HELP SORT DONATIONS? IF SO,
WHEN?** _____

**ARE YOU CURRENTLY A MEMBER OF AN ORGANIZATION THAT
MIGHT SUPPORT THE FOOD PANTRY'S EFFORTS IN ANY WAY
(EG. GIRL OR BOY SCOUTS, LIONS, MOM'S GROUP,
PROFESSIONAL GROUP OR ANY OTHER)? IF SO, PLEASE
INDICATE WHICH.** _____

**THANKS FOR COMPLETING THIS FORM AND FOR ALL OF YOUR HELP. WE COULD
NOT DO IT WITHOUT YOU!! IF YOU HAVE ANY OTHER IDEAS OR SUGGESTIONS,
PLEASE USE THE REVERSE SIDE OF THIS FORM. ALL INFORMATION WILL BE
CONFIDENTIAL.**