



# INTERFAITH FOOD PANTRY VOLUNTEER APPLICATION

540a West Hanover Ave., Morristown, NJ 07960 (973) 538-8049

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Current Employment:

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_

Previous Employment History: please indicate company names and job titles/areas of responsibility \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student: School \_\_\_\_\_ Address \_\_\_\_\_ Grade \_\_\_\_\_

Church or Temple attended \_\_\_\_\_ Address \_\_\_\_\_

Professional or Civic Organizations \_\_\_\_\_

How did you hear about the Interfaith Food Pantry? \_\_\_\_\_

Other Volunteer Experience \_\_\_\_\_

\_\_\_\_\_  
Type of Vehicle \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone work: \_\_\_\_\_ home: \_\_\_\_\_

Relationship \_\_\_\_\_

How much time do you wish to volunteer?

\_\_\_\_One Time Only \_\_\_\_Weekly \_\_\_\_Monthly \_\_\_\_Short Term Projects \_\_\_\_Substitute \_\_\_\_Weekends

When are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Special Skills and Areas of Interests:

- |   |  |
|---|--|
| <input type="checkbox"/> Data Entry                     | <input type="checkbox"/> Foreign Language Fluency_____ |
| <input type="checkbox"/> Answer Phones                  | <input type="checkbox"/> Public Speaking/Presentations |
| <input type="checkbox"/> Office Work                    | <input type="checkbox"/> Special Events Planning       |
| <input type="checkbox"/> Stocking Shelves               | <input type="checkbox"/> Work at Special Events        |
| <input type="checkbox"/> Sorting Food                   | <input type="checkbox"/> Holiday Projects              |
| <input type="checkbox"/> Packing Bags                   | <input type="checkbox"/> Working with Children         |
| <input type="checkbox"/> Food Distribution              | o Youth (13-18)  |
| <input type="checkbox"/> Food Pickup                    | o Children (5-12)                                      |
| <input type="checkbox"/> Bread Pickup                   | <input type="checkbox"/> Video Production              |
| <input type="checkbox"/> Home Food Delivery             | <input type="checkbox"/> Photography                   |
| <input type="checkbox"/> Restock Coordinator            | <input type="checkbox"/> Research Skills               |
| <input type="checkbox"/> Restock Distribution Center    | <input type="checkbox"/> Good Phone Skills             |
| <input type="checkbox"/> Coordinate Food Drive          | <input type="checkbox"/> Grant Writing                 |
| <input type="checkbox"/> Maintenance/Repairs            | <input type="checkbox"/> Fundraising                   |
| <input type="checkbox"/> Computer Maintenance           | <input type="checkbox"/> Auction                       |
| <input type="checkbox"/> Writing/working on newsletters | <input type="checkbox"/> Advertising/PR                |
| <input type="checkbox"/> Nutrition                      | <input type="checkbox"/> Strategic Planning            |
| <input type="checkbox"/> Counseling/Social Work         | <input type="checkbox"/> Financial Planning            |
|   | <input type="checkbox"/> Other_____                    |

Interfaith Food Pantry  
Volunteer Reference Form

Please list two people, not related to you, who have definite knowledge of your qualifications. References should have known you for at least two years. We will contact the individuals listed below and ask them to respond to a short questionnaire.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I understand the above information may be verified by contacting persons or organizations named in this application, and I hereby release from liability any person or organization that provides information concerning me to the representatives of the Interfaith Food Pantry. I understand that misrepresentation or omission of information requested is cause for non-appointment as an Interfaith Food Pantry volunteer. Upon satisfactory completion of this application and the completion of the screening process, I will be notified of my acceptance/rejection as an Interfaith Food Pantry volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Interfaith Food Pantry  
Confidentiality Agreement

The protection of confidential information about the individuals served by the Interfaith Food Pantry, as well as its employees, volunteers and donors is vital to the interest and the success of the Interfaith Food Pantry. As necessary, staff and volunteers may exchange confidential information with each other when there is an appropriate need to know. Confidential information includes, but is not limited to (i) information about co-workers or co-volunteers; (ii) information about clients; and (iii) information regarding client lists, donors, prospect lists, fundraising activities and other business practices of the Interfaith Food Pantry.

Information, as described above, is not to be released to any outside sources. Volunteers who improperly use or divulge confidential information will be subject to disciplinary action, up to and including termination.

I agree to respect the confidentiality of all privileged information I gain either directly or indirectly through my work with the Interfaith Food Pantry, including information that involves staff, volunteers, clients, donors or overall Interfaith Food Pantry business.

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Signature

date

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Name printed