

Abney Chapel Food Pantry/Community Service Volunteer Form

Volunteer Information

Full Name: _____

Date of Birth (if required): _____

Phone Number: _____

Email Address: _____

HomeAddress: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Availability

Mon AM or PM

Fri AM or PM

Tue AM or PM

Sat AM or PM

Wed AM or PM

Sun AM or PM

Thu AM or PM

Areas of Interest

Administrative Support

Outreach / Community

Event Setup / Cleanup

Engagement

Food Distribution

Fundraising

Tutoring / Mentoring

Other: _____

Agreement & Release

I understand that volunteering may involve physical activity and interaction with others. I agree to follow all rules, policies, and safety guidelines of the organization.

Volunteer Signature: _____

Date: _____

For Organization Use Only

Dates of Service: _____

Total Hours Completed: _____

Supervisor Signature: _____

Date: _____