



SHEPHERD'S PANTRY

hope and a helping hand

VOLUNTEER APPLICATION

Please feel free to submit your completed application in person to any Shepherd's Pantry location or via email to info@shepherdsparntry.com.

Name		
Address		
City		Zip Code
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	<input type="checkbox"/> Home	Email Address
Birthdate	Best time to contact: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
I would like to commit to serving: <input type="checkbox"/> 1-3months <input type="checkbox"/> 4-6months <input type="checkbox"/> I am looking for a one-time opportunity only	Are you looking to complete community service hours? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many hours do you need to complete? _____	
If you are completing community service hours, are they for: <input type="checkbox"/> School <input type="checkbox"/> Court <input type="checkbox"/> Other _____	Special Skills / Interest:	Other languages spoken:
Position(s) Considering:	Day(s) Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Shift(s) Available: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have valid liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in volunteering at: <input type="checkbox"/> Glendora Distribution Center 657 E. Arrow Highway, Unit J Glendora, CA 91740	<input type="checkbox"/> Irwindale Distribution Center 1418 Arrow Highway Irwindale, CA 91706	<input type="checkbox"/> Baldwin Park Distribution Center 13020 Francisquito Ave. Baldwin Park, CA 91706

(Over)

VOLUNTEER HISTORY

Do you have any previous volunteer experience? <input type="checkbox"/> Yes (If yes, please complete the following questions below.) <input type="checkbox"/> No			
Name of volunteer company/organization			
Volunteer Position			
Supervisor	Start Date	End Date	Phone Number
Name of volunteer company/organization			
Volunteer Position			
Supervisor	Start Date	End Date	Phone Number
Are you applying to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES *Please list 2 personal references (non-family members)*

Name	
Phone Number	Relationship
Name	
Phone Number	Relationship

APPLICANT STATEMENT

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Volunteer Signature Date