

Volunteer Information Sheet East Mountain Food Pantry

Updated October 2024

Questions? Call 505-407-1078

Contact Information (please print legibly!)

Name _____

Street Address _____

City & Zip Code _____

PO Box Mailing Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Contact me by: email, text or phone call (List order of Preference) _____

Interests:

Identify your area(s) of interest & how often you are available using the letters below.

(W) Weekly (B) Bi-/every other week (P) Periodical (1-2 times a month) (S) Substitute when needed

Receiving Deliveries & Stocking Greeting Clients/Finding Out Their Food Needs

Preparing Client Boxes Computer Entry/New Client Intake

Muscle/Putting Client Boxes in Car Picking Up Food or Cash Donations

Grounds Cleanup/Box Breakdown Other (tell us what you have in mind)

Availability:

Identify your shift(s) of interest & how often you are available using the letters below.

(W) Weekly (B) Bi-/every other week (P) Periodical (1-2 times a month) (S) Substitute when needed

Food Rescue Driver Team

availability -- enter code & circle day(s)

M, T, W, or F 6:30 AM-9:00 AM

M &/or W 8:45 AM-10:30 AM

Tues 12:30 PM-2:00 PM

Receiving Food Rescue/Unloading/Stocking

availability -- enter code & circle day(s)

Mon &/or Th 5:30 AM-8:30 AM

M, T, W, F 6:30-12:00

Sat 10:30-12:00

Misc Activities *enter availability code*

Repacking Bulk items Tues 9:30-12:30

Food Box Home Delivery as needed

Handyman or Yard Projects as needed

Picking up Food or Cash Donations

Writing Thank You notes

Distribution Shifts (includes setup/shutdown)

enter availability code

Mon 1:45-4:15

Tues 8:45-12:15 Tues 11:45-3:15

Wed 12:45-3:15 Wed 2:45-5:15

Thurs 11:45-2:15 Thurs 1:45-4:15

Sat 9:45-12:15 Sat 11:45-2:15

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How did you hear about the East Mountain Food Pantry?

Why are you interested in volunteering with us?

Do you speak or write in another language? If so, which one(s). _____

Person to notify in case of an emergency while at the Pantry

Name _____

Street Address _____

City, State, Zip _____

Phone #s to use: Cell _____ Home _____ Work _____

Email Address _____

Your Medical Info/Allergies _____

(To help 1st Responders) _____

Agreement and Signature

The information provided on this form is accurate and up-to-date. I am willing to sign a volunteer code of conduct and follow guidelines administered by the Pantry Management.

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this information form and for your interest in volunteering with us.

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