

## Newton Food Pantry Volunteer Application Families & Minors

Thank you for your interest in volunteering with the Newton Food Pantry. Please print, complete, and send us this form. Then we'll be in touch by email about current volunteer openings and training. *To ensure continuity, we request that you make an ongoing commitment.*

Date:

First Name:

Last Name:

Names of family members interested in volunteering, and their ages:

Contact email:

Contact home phone:

Cell phone:

Street address:

City:

State:

Zip:

What is the best way to contact you:?

Email       Home Phone       Cell Phone

Do you or any others who want to volunteer speak any of these languages?

Russian       Mandarin or other Chinese dialects       Spanish

How did you hear about the Newton Food Pantry?

- Friend or family member
- Presently a pantry client, or learned from a pantry client
- Newton Food Pantry website
- Religious organization
- Educational organization
- Social services organization
- City of Newton website
- City of Newton Food Pantry event
- TAB or other media
- Other:

What volunteer activities are you and your family members interested in?

- Monday unloading food
- Wednesday morning stocking shelves/preparing pantry (9:30am-Noon)
- Wednesday afternoon helping clients shop (early shift/1:15-3:30pm)
- Wednesday afternoon helping clients shop (late shift/3:30-6pm)
- 3<sup>rd</sup> Saturdays (8:45-10:45am or 10:30am-12:30pm)
- Home delivery
- Special projects
- Summer help (PLEASE INDICATE WHICH SHIFT)
- Other:

*We respectfully request that you make a minimum commitment of once a month for Monday or Wednesday, or every other month for Saturdays, or once a month for home delivery.*

Do you or your family members have skills or experience in:

- Website or social media management
- Fundraising/development
- Marketing/communications
- Writing/designing newsletters
- Serving on non-profit boards
- Other relevant skills or experience:

Do you or your family members need community service or EBT hours?

- No
- Yes

How many?

When do these hours need to be completed?

Comments:

Does anyone in your family or group have any physical or medical limitations?

- No
- Yes

Please describe:

***Please complete and return this form via:***

- \* Mail to **Newton Food Pantry, 1000 Commonwealth Ave., Newton, MA 02459**
- \* Email to [VolunteerCoordinator@newtonfoodpantry.org](mailto:VolunteerCoordinator@newtonfoodpantry.org)

*Thank you for your interest in helping put food on our hungry neighbors' table.*

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