



Volunteer Information Form

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: (____) ____ - _____ CELL PHONE: (____) ____ - _____

EMAIL: _____

MEMBER CHURCH NAME OR ORGANIZATION: _____

Faith Lutheran Church	Grace Lutheran Church	St. Thomas United Methodist Church
First Congregational Church	St. Barnabas Episcopal Church	Church
First Presbyterian Church	St. James the Apostle Church	Seventh Day Adventist Church
First United Methodist Church	St. Luke Lutheran Church	Village Green Baptist Church
Glen Ellyn Bible Church	St. Mark's Church	
Glen Ellyn Covenant Church	St Petronille Church	

CONTACT PREFERENCE: (circle one) email phone: cell or home

PREFERENCE OF DUTIES: (check all that apply)

- _____ Food Recovery: Driver
- _____ Food Recovery: salvage and sort
- _____ Client Assistance
- _____ Donation Check-In / Stocking Shelves
- _____ Food Bank delivery: Unload and restock

AVAILABILITY: (circle all that apply)

Morning (9-11am) or (11:30am-12:30pm) Afternoon (1-3pm) Evening (5-7pm)

Monday Tuesday Wednesday Thursday

ARE YOU A STUDENT? Yes NO (If yes) High School College

LIMITATIONS:

- Do you have any physical or medical limitations? Yes No (please explain)

- Do you have any Latex or Food Allergies? Yes No (please explain)

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: (____)- ____ - _____ Cell Phone: (____)- ____ - _____

Thank You for your interest in becoming a Glen Ellyn Food Pantry Volunteer!
Glen Ellyn Food Pantry 493 Forest Avenue Glen Ellyn, IL 60137
630.469.6988 Volunteer Hotline