



VOLUNTEER APPLICATION

*Volunteer applications are for individual volunteers. Please complete the entire form. *Groups should contact Jen Winter jwinter@nycommonpantry.org to schedule a group opportunities.*

*All volunteers **MUST** wear closed toed shoes and should dress comfortably in clothing that can get dirty. Appropriate dress is pants or capris and t-shirts (nothing revealing).

*Most volunteers must be able to lift 50 lbs. and work for an extended period of time though we have some opportunities for those who are unable to do so.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Would you like to be added to an electronic mailing list that gets notified of upcoming shifts when extra help is needed?
 Yes No

Best Time to Reach You: _____

Birthday: Month ____ Day ____ Year _____

Are you a member of one of our religious sponsoring organizations? Yes No
(If Yes, which one) _____

How did you hear about our volunteer program? If applicable, please include the name of the organization or individual, and phone number.

Do you have any special skills, hobbies, or experience that may be useful in your work with NY Common Pantry? i.e.- fundraising, graphic design, counseling, arts/crafts, cooking, **language skills**

Do you have any special considerations, i.e. physical or medical, that we should be aware of?

*Have you ever been convicted of a crime? Yes No If yes, please explain:

*Are there any criminal matters pending against you? Yes No

* Applicants who indicate a conviction of a crime or pending criminal matters will not be summarily rejected.

Please indicate any additional information that may be helpful to us _____

Reference: (preferably someone who works, or has worked, with you)

Name _____ Phone _____

Emergency Contact Information:

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

I certify that the statements made in this volunteer application are true and correct to the best of my knowledge.

I hereby authorize New York Common Pantry to contact the reference given above as needed for volunteer placement.

I understand that as a volunteer I am required to abide by all rules and regulations of New York Common Pantry. I also understand that I will not be paid for my services as a volunteer.

Signature of Applicant _____ Date Signed _____

VOLUNTEER OPPORTUNITIES AVAILABLE

PROJECT DIGNITY MEAL PROGRAM:

Preparing and serving breakfast, assisting with clean-up 7:45 AM to 9:30 AM

Mon Tues Wed Thurs Fri

Serving dinner, assisting with clean-up 4:00 PM - 6:30 PM

Mon Wed Fri

CHOICE PANTRY PROGRAM:

Intake delivery (stocking shelves and unloading truck) and pre-packing produce for next day distribution

Tues. 9:00 AM – 1:00 PM

Pantry distribution

Wed. Thurs. Fri. 9:00 AM – 2:30 PM

-Volunteers are encouraged to bring lunch and we will provide space to store and time/ space to enjoy a lunch break. Some distribution shifts will be divided into two: 9-noon and noon-2:30 PM.

Please mail, email, or fax completed application to:

Jen Winter, New York Common Pantry, 8 East 109th Street, New York, NY 10029

Phone: (917) 720-9710 **Fax:** (917) 720-9670 **E-Mail:** jwinter@nycommonpantry.org

THANK YOU!