

## Alliance Community Pantry Volunteer Application

Please fill this out and return to the pantry at 215 E. Market St., Alliance, OH 44601  
or mail to PO Box 2581, Alliance, OH 44601

Phone: (330)680-8130 Email: [alliancecommunitypantry@gmail.com](mailto:alliancecommunitypantry@gmail.com)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

### Please indicate which area you would like to work:

\_\_\_\_\_ Food Distribution—In store, assists shoppers (on feet, counts points)

\_\_\_\_\_ Warehouse—Helps stock shelves (some lifting)

\_\_\_\_\_ Screening—Checks Clients in (must be computer savvy)

\_\_\_\_\_ Truck—Driver/Rider to pick up food at Akron-Canton Food Bank

### Please indicate how often you would like to be scheduled:

\_\_\_\_\_ One time event (Date of event \_\_\_\_\_)

\_\_\_\_\_ Weekly

\_\_\_\_\_ Monthly

\_\_\_\_\_ Twice a Month

### If you are serving as a representative of a group, indicate the group:

Church \_\_\_\_\_

School \_\_\_\_\_

Business \_\_\_\_\_

Other: \_\_\_\_\_

### Please indicate times you would be available:

\_\_\_\_\_ Mondays 3:30pm - 7:30pm

\_\_\_\_\_ Wednesday Truck 9:00am - 1:30pm

\_\_\_\_\_ Monday Truck 9:00am - 1:30pm

\_\_\_\_\_ Wednesdays 3:30pm - 7:30 pm

\_\_\_\_\_ Tuesdays 8:30am - 12:30pm

\_\_\_\_\_ Thursdays 8:30am - 12:30pm

### AGREEMENT

I agree to:

Sign a confidentiality statement

Follow the guidelines established by the food pantry

Notify the pantry as soon as possible if I have to cancel the hours I signed up for

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date