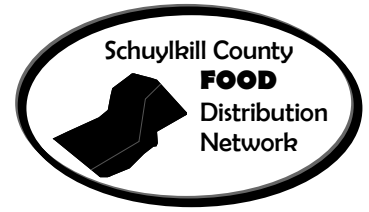


Volunteer Application

Schuylkill FOOD Distribution Network

Pottsville Area Food Pantry



Date: _____ Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____

E-Mail Address (please print) _____

Personal References: (Not Relatives)

Name: _____ Telephone: Home _____ Work _____

Name: _____ Telephone: Home _____ Work _____

Car Model: _____ Seating Capacity: _____ Driver's License: _____ Exp. Date: _____

Auto Insurance Company: _____ Telephone: _____

Auto Ins. Policy #: _____ Local Ins. Agent: _____ Telephone: _____

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of Volunteer Date

1. When are you available to volunteer?

Number of hours per week: _____ Preferred days and time: _____

Volunteer time commitment: 3 Months 6 Months 1 Year Indefinitely

2. What volunteer positions are you interested in?

Pantry Coordinator Pantry Food Packer Food Pantry Sign-ups

Return Form to:

Attn: Food Network Coordinator
225 North Centre Street
Pottsville, PA 17901

The Schuylkill County Food Distribution Network is supported by the Pennsylvania Department of Agriculture State Food Purchase Program (SFPP) and U.S. Department of Agriculture Emergency Food Assistance Program (TEFAP) .

6.23.08