

**Keyport Ministerium Food Pantry, Inc. Volunteer Application**  
**Pantry Hours: Tuesdays and Thursdays – 9:30 AM – 11:30 AM**  
**(Please Print)**

Revised January 2010

**Date of application:** \_\_\_\_\_

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

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

**City/State/ZipCode:** \_\_\_\_\_

**Phone: (Day)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_

**Please indicate best time to contact:** Day  or Evening

**E-Mail Address (optional):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please indicate preferred volunteer day(s):** Tuesday  or Thursday

**Are you able to lift?** Yes  or No

**Please indicate work you are willing to perform (check all that apply):**

Packing Bags     Inventory     Food Ordering     Administrative

Stocking Shelves (lifting required)     Routine Maintenance of Premise

Computer (Hardware/Software)

Unloading Truck (2<sup>nd</sup> Wednesday of every month – heavy lifting required)

Other  \_\_\_\_\_

**Please list any foreign languages you speak/read/write:**

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your interest in volunteering at the**  
**Keyport Ministerium Food Pantry.**

**You may mail or fax completed form to:**

Keyport Ministerium Food Pantry, Inc.  
P.O. Box 35  
Keyport, New Jersey 07735  
Telephone Number/Fax: 732-888-1986