



**URBANDALE
FOOD PANTRY**

The Urbandale Food Pantry is a collaborative community effort to reach out to our neighbors to provide food assistance with dignity and compassion.

Name: _____ Date of Birth: _____

Address: _____

City, State _____

Phone Contact: _____

E-Mail Address: _____

Social Security Number _____

Emergency Contact Person: _____

Phone: _____ Relationship: _____

Have you ever been convicted of a crime? No Yes

If yes, please explain: _____

All volunteers must read the *Urbandale Food Pantry Volunteer Policies* and complete the *Civil Rights Training* before their first day of volunteerism. Volunteers will be asked to sign a waiver stating they read and understood these policies on their first day at the Urbandale Food Pantry. Policies and training can be found on the Urbandale Food Pantry's website www.urbandalefoodpantry.org

FOR OFFICE USE ONLY:

DATE RECEIVED _____ Background check _____ First contact _____

Food Pantry Volunteer

Please mark all day(s)/shift(s) that work for you.

Monday, 9:00-12:30

Monday, 12:00-3:30

Monday, 3:00-6:30

Tuesday, 9:00-12:30

Tuesday, 12:00-3:30

Tuesday, 3:00-6:30

Wednesday, 9:00-12:30

Wednesday, 12:00-3:30

Wednesday, 3:00-6:30

Thursday, 9:00-12:30

Thursday, 12:00-3:30

Thursday, 3:00-6:30

Saturday, 7:45-10:00

Saturday, 10:00-12:00

Please mark how many times a month you would like to volunteer

Once a month

Two times a month

Four times a month (once a week)

Sub only