



110 South Delsea Drive, Clayton, NJ 08312
Phone: (856) 881-5454; Fax: (856) 881-6439

Food Pantry Volunteer Application

Contact Information

Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Cell Pone	
Date Of Birth	
SS #	

*** Please note that you must be a member/regular attender of Clayton Baptist Church to volunteer in the Food Pantry Ministry.**

Briefly describe why you would like to serve in the Food Pantry Ministry

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Clayton Baptist Church reserves the right to perform a background check if deemed necessary. By signing this application you are agreeing to this.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.