



VOLUNTEER APPLICATION

NAME FIRST _____ LAST _____

ADDRESS _____ Email _____

CITY _____ STATE _____ ZIP _____ AGE _____ RACE _____

PHONE # _____ - _____ Cell PHONE # _____ - _____

1. How did you hear about us? _____

2. Tell us a little about yourself? _____

3. What do you hope to gain from volunteering with A GreatER Harvest food pantry PLUS?

A GreatER Harvest food pantry PLUS reserves the right to terminate volunteers and/or any services rendered at anytime without explanation for any reason. Only reliable, trustworthy individuals that we deem acceptable with the very best intentions will be able to volunteer. Please refrain from sharing any AGH information with anyone as our documents etc. do not leave the premises.

Thank You for your cooperation as we look to the future of great volunteers. HAPPY HARVEST

(Signature)

(Date)