



Denise Crowley
Community Resource Manager

Montgomery Food Pantry

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Montgomery Food Pantry Volunteer Form

Available to start on: _____

Name _____ Over 18 years old Yes or No

Address _____

Phone Number _____ Cell _____

Email _____

Emergency Contact Person: _____ Phone Number _____

I am interested to volunteer:

- One time only
- Weekly Day/Time preferred _____
- Monthly Day/Time preferred _____
- Quarterly Month/Day/Time preferred _____
- I would like to volunteer during special programs. Please contact me.
- I can pick-up food at the food pantry and deliver it. Please contact me.
- I am willing to drive clients to and/or from the pantry. Please contact me.

I am volunteering as a member of: _____
(Organization Name) or (none)

Please describe any health concerns that we should be aware of: _____

I certify that I have read and understood the basic procedures and safety guidelines.

Signature _____ Date _____

Volunteers under 18 years of age require parental signature.

My child _____ has permission to volunteer at the Montgomery Food Pantry.

Parent Signature _____ Date _____

Interview/Orientation Date: _____ Denise Crowley _____