



VOLUNTEER APPLICATION

Name: _____ Class Year: _____

(If Staff, dept.) _____ Phone: _____

Email: _____

Preferred Contact Method: _____

Have you volunteered at the Pantry before? YES NO

If yes, in what capacity?

Weekly Volunteer Monthly Volunteer Food Drive Volunteer

ALL VOLUNTEERS ARE REQUIRED TO SIGN A CONFIDENTIALITY AND LIABILITY FORM, EVEN IF YOU HAVE VOLUNTEERED IN THE PANTRY BEFORE. IN ADDITION, YOU MUST COMMIT TO UPHOLDING OUR UNIVERSITY MISSION AND CORE VALUES.

We generally have volunteer days on Wednesdays and Saturdays. Volunteers are needed to stock shelves, take inventory, and clean. Anyone in the Marywood Community is welcome to volunteer. Please mark your preferred volunteer time(s).

	9-11 a.m.	1-3 p.m.	4-6 p.m.
Wednesdays	_____	_____	_____

Saturdays	_____	_____	_____
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**Please email your application to:
PacerPantry@marywood.edu
with the subject line: Volunteer Application.**