



Food Pantry Volunteer Application

Thank you for your interest in volunteering for QC Knights Table! Volunteers play a vital role in ensuring our pantry runs smoothly. The information on this application will be kept confidential.

CONTACT INFORMATION (PLEASE PRINT):

CUNY ID#:

First Name: _____ Last Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION (PLEASE PRINT):

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: _____

SPECIAL CONSIDERATIONS:

Do you have any physical or medical conditions and/or dietary restrictions we should be aware of?

SKILLS & CERTIFICATIONS:

1. What skills and talents could you contribute to QC Knights Table?

2. Do you possess any technical or computer related skills?

3. Have you completed any certifications? (e.g.: ServSafe, Allergen Awareness, etc.) Please provide certification name, date of completion, and expiration.



AVAILABILITY:

Please complete the following table by selecting all the shifts you can commit to volunteer. Based on the information provided and taking into account current volunteers, the volunteer coordinator reserves the right to develop a schedule to meet QC Knights Table programmatic needs.

Available Start Date: _____ Expected End Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 7am – 9am	<input type="checkbox"/> 7am – 9am	<input type="checkbox"/> 7am – 9am	<input type="checkbox"/> 7am – 9am	<input type="checkbox"/> 7am – 9am
<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 9am – 12pm
<input type="checkbox"/> 1pm – 3pm	<input type="checkbox"/> 1pm – 3pm	<input type="checkbox"/> 1pm – 3pm	<input type="checkbox"/> 1pm – 3pm	<input type="checkbox"/> 1pm – 3pm
<input type="checkbox"/> 3pm – 5pm	<input type="checkbox"/> 3pm – 5pm	<input type="checkbox"/> 3pm – 5pm	<input type="checkbox"/> 3pm – 5pm	<input type="checkbox"/> 3pm – 5pm
<input type="checkbox"/> 5pm – 7pm	<input type="checkbox"/> 5pm – 7pm	<input type="checkbox"/> 5pm – 7pm	<input type="checkbox"/> 5pm – 7pm	<input type="checkbox"/> 5pm – 7pm

ADDITIONAL QUESTIONS & DOCUMENTATION:

- Are you a QC Knights Table Customer?

- How did you hear about QC Knights Table Volunteer Program?

- We would like to keep you up to date with exciting volunteering and involvement opportunities at QC Knights Table via our e-newsletter. Please check here if you would like to opt-out of receiving these updates. ☐
- Please attach an updated copy of your resume to your volunteer application.

The facts set forth above in my application are true and complete to the best of my knowledge. I agree to follow all rules and procedures for volunteers as outlined in the Volunteer Job Description as well as to keep confidential all information learned about customers in the course of volunteering at QC Knights Table.

SIGNATURE: _____ DATE: _____