

New Hope Food Pantry Volunteer Information Form

Thank you for your interest in volunteering at the New Hope Food Pantry in support of our mission to alleviate suffering and hunger while giving God the glory. We do this by providing emergency food assistance to those in need residing in the Johnson and Miami Counties.

Name:			Date:		
Address:					
Age (if under 18): Reason for Volu	unteering:			
<u> </u>	act Information (Name, are your contact information o		ntry wit	hout your explicit p	permission.*
Are you a current	Client? (circle one): Ye	s No			
How often would you like to volunteer? Regularly. How many hours per week?				Saturday 8:45-11am Sunday 12:45pm-3pm	
Periodically. How many hours per month?					
Work on a one-tim	ne or short-term project		—		
Please let us	know the hours w	hen you are avai	lable	:	
Monday:	Thu	_ Thursday:		Saturday:	
Tuesday:	Frid	Friday:		Sunday:	
Wednesday:					
Please circle a	any/all areas in wh	ich you are inter	este	d in serving	•
	Stocking/Sorting	-		Food Bags	Computer Operator
Office Help	Truck Driver	Networking		Writing	Answering Phones
IT Support	Website	Other Areas			
Skills/Experienc	:e				
Additional Note	°S				
Signature				Date	
	eted form to the New Hope I operating hours. The New H				ostal mail, or in person during d. Olathe. KS 66062.

our normal operating hours. The New Hope Food Pantry is located at 13310 S Black Bob Rd. Olathe, KS 66062.

The New Hope Food Pantry is a 501(c)3 non-profit organization recognized by the IRS and a recognized Harvesters agency.