Volunteer Application

GLOW
Gleanings Lovingly Offered Within

Thank you for your interest in volunteering for GLOW. This application is required for all those desiring to volunteer their time in the food pantry. Upon submission of this form, someone will contact you to discuss details of available opportunities.

Personal Information

Today's Date: _____ **Date of Birth** _____

Name: _____
First *Middle* *Last*

Current Home Address *(Street)*: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Do you have a current driver's license? **Yes** **No**

If yes, list driver's license number & state: _____ **State** _____

Indicate what ministry area(s) you are interested in helping and any service hours you need.

Sorting Food
Distribution of Food
Picking up Donations
Virtual Volunteering
Need Community Service Hours for School
Need Court Ordered Community Service Hours

On what date are you prepared to begin serving? _____

For what length of time (hours or days) are you willing to commit?

Have you ever been convicted of or pleaded guilty to a crime? Yes No

If yes, explain: _____

_____

_____

Applicant's Signature: _____ **Date:** _____

When complete email to GLOWfoodwlfd@gmail.com or call (203)-208-8534 to arrange to meet with a GLOW director to discuss opportunities.