



POLK COUNTY COMMUNITY FAMILY AND YOUTH SERVICES
River Place Food Pantry
2309 Euclid Ave
Des Moines, IA 50310
515-286-3695

River Place Food Pantry Volunteer Application

Name: _____ Date: _____

Are you (18) or older? Yes No

Address:

City/Zip Code:

Phone:

E-Mail:

What days of the week and times are you available to volunteer?

| | | | | | | | | | |
|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| Mon | | Tues | | Wed | | Thur | | Fri | |
|------------|--|-------------|--|------------|--|-------------|--|------------|--|

| | |
|---------------------|--|
| Other Times: | |
|---------------------|--|

Would you be willing to complete a Polk County background check? Yes No
(Criminal background, Child and Adult Abuse checks will be completed for all applicants)

1. How did you find out about this volunteer opportunity for our pantry?

2. What interests you in volunteering for our pantry?

4. What is your previous volunteer/work experience?

5. Do you have any restrictions or health limitations? Yes No
 If yes, please explain:

6. Do you have any concerns about volunteering at the food pantry?

7. What other information would you like us to know about you?

Thank you for interest in volunteering! We will be in contact with you soon!