

# Allen Food Pantry

## Allen Ministerial Alliance

1515 N. Greenville Ave  
Allen, Texas 75002  
Phone: 214-644-2090

Email: amafoodpantry@yahoo.com  
Website: www.allenfoodpantry.org



# Volunteer Screening Form

## Personal

Name:

Last

First

Middle

Address:

City

State

Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Are you a Registered Member of St. Jude Parish?

Yes

No

If your answer is No, what church, if any, do you attend?

Are you presently abusing alcohol or using any illegal drugs?

Yes

No

Have you ever been convicted of, pleaded guilty or no contest to, placed on probation for, given probation, given community supervision, or given deferred adjudication for a crime or are you now under charges for any criminal offense?

Yes

No

Answering yes to these questions will not automatically exclude you from volunteering. The following lines are for any explanations or details that you would like to include for yes answers above.

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# Volunteer/Applicant Release Statement

## READ CAREFULLY!

- ◆ The information contained in this application is true and correct to the best of my knowledge.
- ◆ I understand that all criminal background checks will be treated as confidential.
- ◆ I understand and authorize the access to any and all information and records relating to my criminal history or criminal offenses committed or alleged arrests, alleged criminal acts and criminal offenses committed.
- ◆ I am aware that background checks may be updated periodically.
- ◆ If a disqualifying offense is found on a criminal background check, there is an appeal process. I understand that this process allows me to verify information and correct any errors.
- ◆ I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.
- ◆ I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT.

Date of Birth: \_\_\_\_\_

Social Security No.: XXX-XX-\_\_\_\_\_  
\*only enter the last 4 digits of your social security No.

Drivers License No. \_\_\_\_\_

State: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail Address (print clearly): \_\_\_\_\_

Please return this form to:  
AMA Food Pantry  
c/o St. Jude Catholic Church  
1515 N. Greenville Ave.  
Allen TX 75002

\*Or after filling out the form scan to PDF and  
email to [amafoodpantry@yahoo.com](mailto:amafoodpantry@yahoo.com)