

# Damien's Place - A Family Pantry

## Volunteer Enrollment Form

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LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP:

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### ASSIGNMENT

Select the top 3 jobs you wish to participate in from the drop-downs below. You'll be notified which job you've been assigned to during check-in.

1st CHOICE:

2nd CHOICE:

3rd CHOICE:

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### Do you have any problems with bending, lifting, or carrying bags over 5 lbs?

Comments:

If you are  
currently a  
volunteer, what  
year did you  
start?

**Thank you for your interest and support of the ministry of Damien's Pantry to feed the poor and needy in the greater Wareham and New Bedford areas.**

**Fr. Columban Crotty**

Please send this completed form to the following email address:

**[damiensvolunteers@gmail.com](mailto:damiensvolunteers@gmail.com)**