

Volunteer Information



Date: _____

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone Number	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings (circle) M T W Th F

___ Weekday afternoons (circle) M T W Th F

Interests

___ Food Pantry

___ Driver (Pick-Up Retail Food Donations)

___ Warehouse

___ Receptionist

___ Client Services

(Optional) Do you have medical/physical limitations? Need special accommodations?

___ No ___ Yes (specify) _____

Person to Notify in Case of Emergency

Name	
Phone	

Agreement and Signature

___ By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

___ I agree to hold any confidential information in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.

Signature	
Date	