Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which days and hours are you available for volunteer assignments?

___ Monday	___ Thursday	___ Mornings (9 am – 12pm)
___ Tuesday	___ Friday	___ Afternoons (12 pm – 3 pm)
___ Wednesday		___ Evenings (4 pm – 7 pm)

Do you have any Physical Limitations? ___ YES ___ NO

If so, please explain.

Interests

Tell us in which areas you are interested in volunteering

___ Agency Assistant
___ Distribution Office Assistant
___ Environmental Specialist
___ Fund Dev. & External Relations Assistant
___ Product Recovery
___ Agency Services Assistant
___ Warehouse Worker
___ FoodShare Helpline
___ Volunteer Services Assistant
___ Special Events

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Office Use Only		BG check		RE		Interview		Schedule		Name Tag		Orientation
Start		Job				Supervisor				Program		
Schedule	M		T		W		Th		F			

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Volunteer Experience

Summarize your previous volunteer experience. Why do you want to volunteer?

Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	

Please Tell Us About Yourself (optional)

Birth Date Month _____ Day _____ Year _____

Gender ___ Male ___ Female

Community Service ___ Court Ordered ___ School ___ Other

Ordering Agency _____ Date Ordered_____

Contact_____ Phone #_____

Address _____City_____State_____Zip_____

How did you hear about us?

___United Way ___ SHFB Newsletter ___ SHFB Website ___Social Network

___ Volunteer search Website ___ Friend ___ Other _____

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.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

The information you provide to Second Harvest is entered into our database. We never sell your information.

Thank you for completing this application form and for your interest in volunteering with us.