

**FOOD OUTREACH VOLUNTEER
APPLICATION**
Please Print

Name: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____
(Optional) (Optional)

Address: _____ City: _____ State: ____ Zip: _____

Contact #'s: Home: ____-____-____ Work: ____-____-____ Cell: ____-____-____

Employer: _____ Position: _____

Business Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____ (Personal or Business)
(Please advise if you are not allowed to receive personal emails at work)

In Case of Emergency Please Contact: _____
Relationship: _____ Phone: ____-____-____

Areas of Interest
(Please check all areas of interest)

_____ Kitchen Crew _____ Packer _____ Distribution/Delivery
_____ Office Support _____ Special Events
_____ Nutrition Center

- List any training/special skills that you would like to utilize while volunteering.

- How did you hear about Food Outreach and our volunteer program?

- *Do you have any concerns or special needs that you feel we should be advised?*

- *Please state the reason in which you would like to volunteer at Food Outreach.*

Availability

(Please note times you are usually available to volunteer)

_____ **Mondays** ___ **Mornings** ___ **Afternoons** ___ **Evenings**

_____ **Tuesdays** ___ **Mornings** ___ **Afternoons** ___ **Evenings**

_____ **Wednesdays** ___ **Mornings** ___ **Afternoons** ___ **Evenings**

_____ **Thursdays** ___ **Mornings** ___ **Afternoons** ___ **Evenings**

_____ **Fridays** ___ **Mornings** ___ **Afternoons** ___ **Evenings**

_____ **Saturdays** ___ **Mornings** ___ **Afternoons** ___ **Evenings**

Would you be willing to be put on an “as needed” list to be called for last minute opportunities such as mailings, help for an event, or other needs that may arise.

_____ **Yes** _____ **No**

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be compensated/paid for my services as a volunteer.

I have received the agency’s volunteer personnel policies and I agree by the volunteer personnel policies of the agency.

Applicant’s Signature: _____ **Date of Application:** _____