

Internal Office Use Only
Date:
Type:



2019 Volunteer Application

General Information (required)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ What is the best way to contact you: Phone Email

Phone _____ Email _____

List any physical limitations/personal health concerns that might impact your work as a volunteer:

Emergency Contact _____ Phone _____

How did you hear about us (check all that apply)? Volunteer Center Website Social Media
 Friend/Family/Colleague Newsletter/Appeal Other _____

Volunteer Association (required)

Individual/Family Member Agency Work Alternate Program (AARP, etc.)

Corporate/Work Group: Company _____

Team Leader _____ Does your company have a Matching Gift Program? Yes No

School Requirement: School _____ Hours Needed _____

Club/Membership Organization: Name _____

Community Service/Court Ordered: List _____ Hours Needed _____

Other: List _____

Interests & Availability

Tell us which areas you are interested in volunteering (check all that apply):

- Office Assistant (Clerical) Food Sorting & Stocking Backpack Buddies Pack
- Nutrition Education Special Events Senior Box Pack
- Gardening/Farming Committees/Board Other _____

See reverse side

