



VOLUNTEER APPLICATION FORM

The information on this form will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing is appreciated.

Personal Information (Please Print)

NAME:

First	Middle	Last
-------	--------	------

DATE OF BIRTH: _____
Mm/dd/yy

ADDRESS:

HOME PHONE: _____ CELL: _____

Emergency Contact Person _____

Relationship _____

Phone number of Emergency contact Person:

Do you speak any other languages other than English (specify)

Do you hold valid drivers License? Yes___ No___

Do you have your own transportation? Yes___ No___

PERSONAL EXPERIENCE

How did you learn about volunteer opportunities at the Friends in Need Food Bank?

Why do you want to volunteer with Friends in Need Food Bank?

What past volunteer experience do you have?

What did you enjoy most and least about past volunteer experiences?

What personal experience would you bring to the Friends in Need Food Bank as a volunteer?

Are you currently or have you in the past used our services?

Yes No

AVAILABILITY

I can volunteer _____ Hours per week _____ per day per month

Days Available: Mon Tuesday Wednesday Thursday

REFERENCES

All volunteers and staff require a criminal records check. Will you give permission for this check? YES NO

We would like to contact two references one personal and one volunteer related

1st Reference

Name _____ Phone _____

Relationship _____

2nd Reference

Name _____ Phone _____

Relationship _____

DECLARATION

All information contained in this registration is true and correct. I understand that in the event it is found to untrue and / or incorrect my volunteer status with Friends in Need Food Bank will be terminated.

Print Name

Date

•-----•

Date started: _____

Position: _____

Date Retired: _____