



The Sharing Place Food Bank

Volunteer Application Form

Name (please print clearly) _____

Address _____

Telephone (home) _____ (cell) _____

Email (if available) _____

Why would you like to volunteer at The Sharing Place?

Do you have any previous volunteer or relevant employment experience? If so, please specify:

Do you have any physical limitations or health problems that you would like us to be aware of which may come into play while you are volunteering here? Yes No

If so, please specify:

Emergency contact name and phone number _____

Are you able to lift 25-50 lbs? Yes No Occasionally

Are you comfortable using computers? Yes No Somewhat (or willing to learn!)

Please rate the top three areas of interest in order (1 = most interested). For all other areas, place a checkmark if willing to volunteer where needed.

- Food sorting or shelving
- Distribution
- Cleaning
- Photography
- Any of the above
- Donation pickup and deliveries
- Food portioning
- Maintenance
- Research

Please share any other special skills, talents, enthusiasms, hobbies or expertise that might be of value to/at The Sharing Place.

Indicate your availability in the chart below (accommodations can be made for late arrival or early departure, as needed):

	Distribution Day and Time				
AVAILABILITY:	Monday 11:30-2:30	Tuesday evenings 6:00 – 7:30	Wednesday 11:30-2:30	Wednesday evenings 6:00 – 7:30	Friday 11:30-2:30
During distribution					
Preparation (up to 2 hours prior to distribution)					

NOTE: Volunteers present during distribution hours must be age 16+.

Would you be willing to be on-call when we are short-handed, or for volunteer opportunities that fall outside our regular hours? Yes No

Please provide the names and phone numbers of three personal or professional references.

Signature _____ Date _____