



VOLUNTEER PROFILE

DATE: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

Health problems we should be aware of? **YES** **NO** If so, explain: _____

Have you been convicted of a misdemeanor or crime in the last 7 years? **YES** **NO**

If so, explain: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

REASON FOR VOLUNTEERING

Check all that apply

To support Community Food Bank

School Community Service

Court Ordered Community Service

Other _____

Areas of Interest/skills: _____

Have you previously volunteered for Community Food Bank or our Thrift Store? **YES** **NO**

If so, where and when? _____

Are you volunteering on behalf of an organization or company? **YES** **NO**

Name: _____ Address: _____

AVAILABILITY

What date are you available to start: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY