

BROOKVILLE FOOD PANTRY
VOLUNTEER APPLICATION

NAME _____ ADDRESS _____
(print)

PHONE _____ MALE _____ FEMALE _____ AGE _____

DAYS AVAILABLE: M _____ TU _____ W _____ TH _____ FR _____ ST _____ SU _____ WEEK OF _____

HOURS ON THURSDAYS 9:30AM TO 12:PM _____ 6:PM TO 8:PM _____

OTHER HOURS AVAILABLE _____

ANY HANDICAPS? _____

ABLE TO STAND FOR: 1HR _____ 2HR _____ 3HR _____ 4HR _____ 5HR _____ OR MORE _____

ABLE TO LIFT OR CARRY # ? 5# _____ 10# _____ 20# _____ 30# _____ 40# _____ OR MORE _____

DRIVER LICENSE? YES _____ NO _____ CAR _____ TRUCK _____ MEDICAL CARD? _____

OPERATE COMPUTER/SPREADSHEETS? YES _____ NO _____

OTHER THINGS WE NEED TO KNOW? _____

ALL VOLUNTEERS MUST SIGN AND UNDERSTAND A COPY OF FOLLOWING:

1. PLEDGE OF CONFIDENTIALITY _____
2. CIVIL RIGHTS TRAINING COURSE _____
3. VOLUNTEERS MUST BE ON TIME TO WORK'
4. 2 HOUR NOTICE IF YOU ARE NOT ABLE TO MEET YOUR WORK TIME.

CALL COORDINATOR NUMBER _____

THIS RECORD WILL BE KEPT ON FILE AT BROOKVILLE FOOD PANTRY
AND SECOND HARVEST FOOD BANK.

VOLUNTEER SIGNATURE _____

VOLUNTEER COORDINATOR NAME AND PHONE NUMBER
