

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  
\_\_\_\_\_