

Volunteer Application



Contact Information

Name: First _____ Last _____ MI _____

Street Address _____ City _____ Zip _____

Cell Number _____ Email _____

School & Year (Current Students) _____

Languages: Spanish _____ Other _____

Availability

During which times are you available for volunteer assignments?

Weekday Mornings 7:00 to 8:00 AM

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Weekday Mornings 8:00 to 10:45 AM

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Friday Mornings 10:45 AM to 12:00 PM _____

Weekend Mornings 8:00 to 10:45 AM

Saturday _____ Sunday _____

Areas of Interest

Greet Shoppers _____ Fundraising _____ Grant Writing _____ Marketing _____

Administrative Support (Computer Skills) _____ Donor Events _____ Sorting Food _____

Stocking Shelves _____ Grocery Pick-Up (SUV/Truck Required) _____

Emergency Contact

Name: First _____ Last _____ MI _____

Phone: Cell _____ Work _____ Home _____

Relationship to Volunteer _____

How did you hear about the Laguna Food Pantry? _____

Agreement and Signature

I understand that if I am accepted as a volunteer, I will observe the volunteer guidelines, follow the direction of Laguna Food Pantry supervisors, be respectful in my interactions with all Pantry shoppers, and keep Pantry customers' confidentiality.

Name (Printed) _____ Date _____

Signature _____