



Volunteer Application

Contact Information

Name	
Street Address	
ZIP Code	
Home and/or Cell Phone	
E-Mail Address	
School & Year (Students)	

Availability

During which times are you available for volunteer assignments?

Weekday Mornings 8:00 – 10:30 AM
MON. _____ TUES. _____
WED. _____ THURS. _____ FRI. _____

Weekend Mornings 8:00 – 10:30 AM
SAT. _____ SUN. _____

AREAS OF INTEREST

GREET SHOPPERS _____ FUNDRAISING _____ CORRESPONDENCE _____
GROCERY PICK-UP _____ SORTING _____ STOCKING SHELVES _____

Person to Notify in Case of Emergency

Name	
Cell and/or Work Phone	
Relationship to volunteer	

Agreement and Signature

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

Name (printed)	
Signature	
Date	

Laguna Food Pantry, 20652 Laguna Canyon Rd., Laguna Beach CA 92651
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www.lagunafoodpantry.org