

Volunteer Application



Contact Information

Name: First _____ Last _____ MI _____
Street Address _____ **City** _____ **Zip** _____
Cell Number _____ **Email** _____
School & Grade or 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 7:45 to 10:45 AM

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Areas of Interest

Greet Shoppers _____ Fundraising _____ Grant Writing _____ Marketing _____
Administrative Support (Computer Skills) _____ Donor Events _____
Sorting & Stocking Food _____ Grocery Distribution _____ Packing Bags/Boxes _____
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 _____