

Volunteer Application

Contact Information				
Name: First		Last		MI
Street Address		City		Zip
Cell Number		Email		
School & Year (Current Students)			_	
Languages: Spanish	Other			
When are you av	ailable for volu	nteer assignmen	ts? (Check all the	at apply)
Availability to Volunteer at the Pan	<u>itry</u>			
Weekday Mornings 7:30 to	10:45 AM			
MondayTu	iesday	Wednesday	Thursday	Friday
Weekend Mornings 8:00 to	<u> </u>	· -		
Saturday Su				
Availability to Pick-Up Groceries for	· ———	IV/Truck/Large C	ar Required)	
		ov/Truck/Large C	oar Required)	
Weekday Mornings 7:30 to		Madaaday	Thursday	Fridov
	-	wednesday	rnursuay	Friday
Weekend Mornings 8:00 to				
SaturdaySu	inday			
Do you have expe	ertise in any of	the following are	as? (Check all ti	hat apply)
Fundraising Grant Writing	Marketing	o Operatio	ons	Donor Events
Administrative Support (Computer S	KIIIS)	Food Service	e/ Retail	
Other				
Emergency Contact				
Name: First		Last		MI
Phone: Cell	Work		Home	
Relationship to Volunteer				
How did you hear about the Lagur	na Food Pantry?)		
	.a. r ood r and y :			
Agreement and Signature I understand that if I am accepted as Laguna Food Pantry supervisors, be customers' confidentiality.				
Name (Printed)		Date	.	
Signature				