



Volunteer Application

First Name _____
Last Name _____
Address _____
City/State/Zip _____
Home Phone _____ **Cell Phone** _____
Email _____
Emergency Contact _____ **Cell Phone** _____

Volunteer Experience

Have you volunteered anywhere other than the Food Bank? _____ YES _____ NO If yes, where? (please list the organization, approximate time frame and what you did)

VOLUNTEER PREFERENCES Please indicate the day(s) you are available to volunteer:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ All

Please indicate the time(s) you are available to volunteer:

_____ 8:30am-11:30am _____ 12:30pm-3:30pm _____ All _____ On call _____ (we may call you when a last minute need comes up)

I am interested in volunteering for the following types of activities:

<u>Warehouse</u>	<u>Outreach</u>	<u>Office</u>	<u>Other</u>
<input type="checkbox"/> Pantry Food Picking	<input type="checkbox"/> Mobile Pantry	<input type="checkbox"/> Clerical help	<input type="checkbox"/> Board member
<input type="checkbox"/> Food Packing Events	<input type="checkbox"/> Food delivery	<input type="checkbox"/> Fundraising	<input type="checkbox"/>
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Food Share Program	<input type="checkbox"/> Events	<input type="checkbox"/>



I hereby grant permission to St. Croix Valley Food Bank to use photographs and/or video of me taken in publications, news releases, online, and in other communications related to the mission of St. Croix Valley Food Bank.

Printed Name: _____ Signature: _____

List of Minors (under 18) that I am also signing for:

Printed Name: _____

Printed Name: _____

Printed Name: _____

Return form:

Email to: endhunger@stcroixvalleyfoodbank.org

OR

Mail to:

St. Croix Valley Food Bank

Attn: Volunteer Application

PO Box 377

Hudson, WI 54016