



Volunteer Sign-up

Last Name: _____ First Name: _____ 16 or older*

Address: _____

Email: _____ Phone: () - Text Yes No

Other volunteer experience: _____

Special skills: *(Please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Working with the public | <input type="checkbox"/> Office/Administration |
| <input type="checkbox"/> Working in teams | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Writing/Social Media |
| <input type="checkbox"/> Driving/Food Pick-up | <input type="checkbox"/> Fund-raising/Event Planning |
| <input type="checkbox"/> Food inspection | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Food Sorting/Food Stocking | <input type="checkbox"/> Language(s): _____ |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Organizing | _____ |
| <input type="checkbox"/> Leadership training | _____ |

Why would you like to be a Fresh Foods Bank volunteer? _____

How did you learn about Fresh Foods Bank? _____

Have you received services from Fresh Foods Bank or any other food pantry program? _____

Availability

I would like to volunteer: Occasionally Weekly Monthly Long Term

I am available: *(4-hour shifts)* Mornings Afternoons *(Please check all that apply)*

Mondays | Saturdays Tuesdays | Thursdays | Wednesdays Fridays

Emergency Contact

Name: _____

Phone: _____ Relation: _____

*** Parental Consent** *(if under 16 years of age)*

Parent Name: _____ Relation: _____

Phone: _____ Signature: _____

This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to his/her release as provided above, and for myself, my assignees, heirs, guardians and legal representatives, release HOH/OFB for any and all claims now have or may hereafter arising out of, based upon or relating to my minor child's participation as a volunteer.