



VOLUNTEER INFORMATION SHEET

Personal Profile

Name	Phone Number
Address	State
City	Zip
Email Address	Birthdate
Emergency Contact/Phone Number	
Physician to Contact if Necessary/Physician Phone Number	

Do you have any physical restrictions or special needs that we should be aware of? Yes No

If yes, please explain:

Volunteer Opportunities - Please check all areas of interest/skill that apply:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Food Rescue <input type="checkbox"/> Pantry Service <input type="checkbox"/> Backpack Program <input type="checkbox"/> Backpack Delivery <input type="checkbox"/> Warehouse Assistance | <ul style="list-style-type: none"> <input type="checkbox"/> Repacking Food <input type="checkbox"/> Light Office Duties <input type="checkbox"/> Truck Driver <input type="checkbox"/> Computer Skills <input type="checkbox"/> Special Events |
|---|---|

Schedule Preference – Please give a brief description of day and time:

<input type="checkbox"/> Daily
<input type="checkbox"/> Once a week
<input type="checkbox"/> Once a month

Volunteer Status

- Individual
- Group
- Driver
- Court Ordered Community Service

Name of Group Members _____

Age group that best describes you: (5-12) (13-17) (19-25) (26-40) (41-54) (55-70) (Over 71)