

SNOHOMISH COMMUNITY FOOD BANK VOLUNTEER APPLICATION FORM

Name _____ Date ____/____/____

Street Address _____ Date of Birth ____/____/____

City _____ State _____ Zip Code _____

Phone Number _(____) _____ E-mail _____

Emergency Contact _____ Phone _____

Hours Available _____ Days Available _____

State Drivers License Number _____ Can You Drive In Snow? ____

Your Lifting Limit: 20lbs ____ 40lbs ____ 60lbs ____ 100lbs ____

Check Tasks Of Interest: Office ____ Word Processing ____ Warehouse ____

Packaging Food ____ Lifting Bags & Boxes ____ Sorting ____ Client Interviews ____

References:

Name _____ Phone Number _(____) _____

Name _____ Phone Number _(____) _____

To the best of my knowledge, the information I have provided on this application is correct. I hereby authorize the Director of the Snohomish Community Food Bank to contact my references and to verify my character and fitness for working in the Food Bank. I also authorize said references to provide the information that said Director may request. I hereby release both the requesting party and the responding party from any and all liability for damages, which may come to me as a result of the collection and storage of said information. I waive any right I may have to inspect any information provided about me by any person or organization identified in this application. Should my application be accepted, I agree to be bound by the bylaws and policies of the Snohomish Community Food Bank in the performance of service on behalf of my community.

Why Do You Choose To Be A Snohomish Community Food Bank Volunteer?

Signed _____ Date ____/____/____

Print Name _____