



Ferndale Food Bank VOLUNTEER APPLICATION

Applicant Information

Name: _____ Nickname: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Employer/School _____

Emergency Contact: _____ Emergency Contact Phone # _____

Health/Work Limitations (*ability to lift, stand for long periods of time, communication, etc.*):

Community Service

Are you applying to fulfill a COMMUNITY SERVICE REQUIREMENT? Yes _____ No _____

If Yes, specify:

- Court Ordered (Offense): _____
 - Community Service for School: _____
 - Other (Specify): _____
- # Hours needed: _____ Hours to be completed by (Date): _____

Volunteering Interests & Availability

Volunteer Positions Applying For:

Availability (*please indicate day of the week and times, keeping in mind our hours of operation*)

Languages

(*Ability to speak and/or translate languages other than English*):

Other Skills

Please list any other specialized skills or experience, that you think may be useful to the Ferndale Food Bank. (*i.e., graphic design, photography, videography, financial training, public relations, IT skills, web design, data management, etc.*):



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Applicant Signature: _____ Date: _____

Parent/Guardian signature (if under 18): _____

FOR OFFICE USE ONLY

Date application received: _____ **Date Contacted:** _____

Notes: _____
