

**Hayward Community Food Shelf**  
*Working to reduce hunger in Sawyer County*  
**Volunteer Application**



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If the above address is not your permanent address, please list that below:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Can you lift 25 pounds? \_\_\_\_\_ Do you have any physical limitations? \_\_\_\_\_ If so, please briefly describe: \_\_\_\_\_

When are you available to volunteer? *(Please circle all that apply.)*

Times: Morning Afternoon Evening

Days: Mon Tues Wed Thurs Fri Sat Sun

Months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

List any special skills or experiences you have that may be of use at the food shelf (i.e. accounting, grant writing, computers, gardening) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know anyone who volunteers at the Food Shelf? \_\_\_\_\_ If so, who? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed application to: Hayward Community Food Shelf, PO Box 779, Hayward, WI 54843