

Hayward Community Food Shelf

Volunteer Application *(please print clearly)*



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Emergency Contact: _____ Relationship: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ 2nd email: _____

PHYSICAL ABILITIES:

Can you lift 10 lbs? _____ 25 lbs? _____ 50 lbs? _____ Stand several hours? _____

Do you have any physical limitations? _____ If so, please briefly describe: _____

AVAILABILITY: *(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

SPECIAL SKILLS: List any special skills or experiences you have that may be of use at the food shelf

(i.e. accounting, grant writing, computers, gardening) _____

PERSONAL REFERENCES: *(If you know any HCFS volunteers, please include their names below.)*

Name & phone #: _____

Name & phone #: _____

CONFIDENTIALITY AGREEMENT: I agree to keep all client and sensitive Shelf information confidential. I understand that all items at the Shelf are for the clients and not my personal use. I understand that any violation of this trust will result in the termination of my volunteering at the Shelf.

Signature _____ Date _____

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

You will be contacted by our Volunteer Coordinator as promptly as possible.