

# Hayward Community Food Shelf

## Volunteer Application *(please print clearly)*



Please note, Board Policy 11.2 states no person receiving food assistance from HCFS shall be permitted to volunteer in the general program.

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 #: \_\_\_\_\_ 2<sup>nd</sup> 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 \_\_\_\_\_

Parent Signature, if the above is a minor \_\_\_\_\_

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.