

EDMONDS FOOD BANK VOLUNTEER APPLICATION

Name _____ Date ____/____/____
Street Address _____ Date of Birth ____/____/____
City _____ State _____ Zip Code _____
Phone (____) _____ E-mail _____
Emergency Contact _____ Phone _____

Days/Hours Available (circle):

Mondays	6:00-9:00am	9:00am-1:00pm
Tuesdays	6:00-9:00am	9:00am-1:00pm
Wednesdays	7:00-11:00am (driver/pick-up and stock)	
Thursdays	7:00-11:00am (driver/pick-up and stock)	
Fridays	7:00-11:00am (driver/pick-up and stock)	
Saturdays	7:00-11:00am (driver/pick-up and stock)	
Sundays	7:00-11:00am (driver/pick-up and stock)	

What volunteer assignments would you like to participate in?

Why are you interested in becoming an Edmonds Food Bank Volunteer?

How much time would you like to volunteer?

What skills and qualifications do you have that will help you as a volunteer in our food bank?

What kind of people do you most enjoy working with?

Describe a time when you've been in conflict with another individual or group. How did you handle the situation?

How do you feel about working with people different from yourself? What did you learn?

When you are unable to complete an assignment or commitment, what do you do?

We will be checking your criminal background. Is there anything you would like to explain?

References:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

To the best of my knowledge, the information I have provided on this application is correct. I hereby authorize the Director of the Edmonds 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 the 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 Edmonds Food Bank in the performance of service on behalf of my community.

Signed _____ **Date** ____/____/____

Print Name: _____