



**KLAMATH/LAKE COUNTIES FOOD BANK
APPLICATION FOR VOLUNTEER SERVICE**

Name: _____ Date: ____/____/____

Address: _____ City: _____ Zip: _____

Phone Numbers: Home: ____-____-____ Work ____-____-____ Cell ____-____-____

Age ____ Date of Birth ____/____/____ Male: ____ Female ____

Medical Limitations: _____

In case of emergency contact - Name: _____ Phone ____-____-____

How did you hear about the food bank? _____

Please list days and times that you are available to volunteer:

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
AM							
PM							

Do you want to volunteer on a weekly/monthly basis or help out at fundraising events on the Weekends?

May we call you on short notice if a need arises? Yes _____ No _____

Volunteer positions: **Sorting Food** _____

Putting Together Fundraising information _____

Helping People Directly At The Pantries _____

Decorating Barrels _____

Putting Up Event Posters Around Town _____

Other _____

Education Background: _____

Business Experience: _____

Do you belong to any organizations: _____

Past volunteer experience: _____

Please note: A criminal background check is required when volunteering at the Klamath-Lake Counties Food Bank or its affiliate agencies.

VOLUNTEER SIGNATURE: _____ **DATE:** _____