



Mailing Address: PO Box 317 • Klamath Falls, OR 97601
 3231 Maywood Drive • Klamath Falls, OR 97603
 Ph (541) 882-1223 • Fax (541) 882-0065
 www.klamathfoodbank.org

Name: _____ Date: ____/____/____

Address: _____ City: _____ Zip: _____

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

Age: _____ DOB: ____/____/____ Male: _____ Female: _____

Medical Limitations: _____

In Case of Emergency Contact: Name: _____

Phone Number: _____

How did you hear about the Food Bank: _____

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

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| Morning(s) | | | | | |
| Afternoon(s) | | | | | |

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** _____
 - Help People Directly At The Pantries** _____
 - Decorating Barrels** _____
 - Putting Up Event Posters Around Town** _____
 - Other** _____

Education Background: _____

Business Background: _____

Do you belong to any organizations: _____

Past volunteer experience: _____

*Please note: A criminal background check may be required when volunteering at the Klamath-Lake Counties Food Bank or its affiliate agencies. We will need your social security number. That number will only be viewed by operations manager (Sean O'Connell).

*By signing below I release the Klamath-Lake Counties Food Bank and its affiliate organizations from any and all liability while performing volunteer tasks. I have read and understand this statement.

Volunteer Signature: _____ **Date:** _____