

COMMUNITY FOOD BANK OF SAN BENITO

Volunteer Application



Today's Date: _____

APPLICANT INFORMATION

Last Name			First			Middle		
Street Address						Birth Date		
City/State			Zip			Ethnicity /Race::		
Contact Phone			E-mail Address					
Date Available			Desired Days			Desired Hours		
Desired Opportunity								
Do you have a valid California Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, do you have additional class privileges?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you read and/or speak another language other than English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list:					
Do you have a reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments:					
Are you affiliated with an organization or company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name and address:					
Have you previously volunteered for Community Food Bank of Pat's Thrift Store?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Are you court ordered community Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, how many hours and by what date?					
Current status: (circle all that apply): Employed- Part/ Full / Seasonal Student- Part / Full Retired Looking for work Homemaker Military- Active / Veteran Disabled								
How did you hear about our volunteer opportunities?								

EMERGENCY CONTACT

In case of an emergency please list whom we may contact on your behalf:

Full Name			Relationship		
Contact Phone			Alternate Phone		
Address					

AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DISCLAIMER AND SIGNATURE

I certify that I received and read Community Food Bank of San Benito County Handbook.

If this application leads to volunteering, I understand the risks and have read the RELEASE & CONFIDENTIAL INFORMATION AGREEMENT

Signature	Date
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