

# Volunteer Information Form



Date: \_\_\_\_\_

## Contact Information

Full Name: \_\_\_\_\_  
Last First M.I. Birthdate

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Monday	Tuesday	Tuesday	Wednesday	Thursday	Friday
From: 9am	From: 9am	From: 2pm	From: 9am	From: 9am	From: 9am
To: 12pm	To: 12pm	To: 4pm	To: 12pm	To: 12pm	To: 12pm

Or as Needed: \_\_\_\_\_

Monday  Tuesday AM  Tuesday PM  Wednesday  Thursday  Friday

Do you have any Physical Limitations? (Please Explain:) \_\_\_\_\_

## Interests

*In which areas are you interested in volunteering? (Check all that apply.)*

**Office:** Answer phone, data entry, bulk mailing, etc.

**\*Repack:** Sort salvage, box food, etc.

*\*Must Be 14 Years of Age or Older*

## Optional

Place of Employment: \_\_\_\_\_

Does your employer have a matching gift program?  Yes  No

**\*\*Place of Worship:** \_\_\_\_\_

\*\*This information will help us leverage additional support

**2805 Salt Springs Road Youngstown, OH 44509 | Phone 330.792.5522 | Fax 330.792.9665**

\*All Repack Volunteers Must Be 14 Years of Age or Older