

SECOND HARVEST FOOD BANK of MAHONING VALLEY

Volunteer Application

Today's Date

Name

first name

last name

BirthDate

dd-mm-yy

Address

street address

Address line 2

City

Postal/Zip Code

Phone

State

County

Email

Are You a Veteran?

Yes

No

If so, Which Branch?

How Did You Hear About Us?

Availability

- ☐ Monday 9 AM-12PM
☐ Tuesday 9 AM-12PM
☐ Tuesday 2PM-4PM
☐ Wednesday 9 AM-12PM
☐ Thursday 9 AM-12PM
☐ Friday 9 AM-12PM

Commitment

- ☐ I am able to make a weekly commitment on my designated volunteer day.
☐ I cannot make a weekly commitment
☐ I am only interested in completing Community Service
☐ Repack (Sort and Box Food etc.)
☐ Clerical (Answer Phone, Greet Visitors, Proof Read, Mail Prep)

Do You Have Any Physical Limitations?

In Case of Emergency Please Contact:

First Name

Emergency Contact Relationship

Last Name

Emergency Contact Phone