

CAROL ROWE MEMORIAL EDMONDS FOOD BANK VOLUNTEER APPLICATION

Name _____ Date ____/____/____

Street Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ E-mail _____

Emergency Contact _____ Phone _____

Days/Hours Available (circle):

- Mondays 6:00-9:30am 9:30am-12:00pm
- Tuesdays 6:00-9:30am 9:30am-12:00pm
- Wednesdays 7:00-11:00am (driver/pick-up and stock)
- Thursdays 7:00-11:00am (driver/pick-up and stock)
- Fridays 7:00-11:00am (driver/pick-up and stock)
- Saturdays 7:00-11:00am (driver/pick-up and stock)
- Sundays 7:00-11:00am (driver/pick-up and stock)

Are there particular volunteer assignments would you like to participate in?

Why are you interested in becoming a Carol Rowe Memorial Edmonds Food Bank Volunteer?

How much time would you like to volunteer?

What skills and qualifications do you have that will help you as a volunteer in our food bank?

What kind of people do you most enjoy working with?

Describe a time when you've been in conflict with another individual or group. How did you handle the situation?

How do you feel about working with people different from yourself?

We will be checking your criminal background. Is there anything you would like to explain?

To the best of my knowledge, the information I have provided on this application is correct. I waive any right I may have to inspect any information provided about me by any person or organization identified in this application.

Furthermore, I agree that I have received, read, and agree to follow the **Carol Rowe Memorial Edmonds Food Bank Staff and Volunteers Code of Contact**.

Should my application be accepted, I agree to be bound by the policies of the Carol Rowe Memorial Edmonds Food Bank in the performance of service on behalf of my community.

Signed _____ **Date** ____/____/____

Print Name: _____