



VOLUNTEER INFORMATION SHEET

PLEASE PRINT.

NAME: _____ **MALE** ___ **FEMALE** ___

HOW WOULD YOU PREFER TO BE CONTACTED?

E-MAIL _____ HOME PHONE _____ CELL PHONE _____

HOME ADDRESS:

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

AGE RANGE: 16-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70+ ___ **Do you speak Spanish?** _____

Check (√) all that apply.

VOLUNTEER AVAILABILITY AND ABILITY

MONTHLY LOAD OUT

MON _____ TUES _____ WED _____ THURS _____
7:30-4:30 _____ 7:30-12:00 _____ 11:30-4:00 _____ 4:00-6:00 _____ Other _____

Physical Warehouse Work _____ Non-Physical Warehouse Work _____ Office Work _____
Prepare and Serve Lunch _____ Prepare Morning Snacks _____ Reception Work _____
Clean Up (4:00-6:00) _____ Other _____

NON-LOAD OUT

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____
8:30-5:00 _____ 8:30-12:30 _____ 12:30-4:30 _____ Other _____

Physical Warehouse Work _____ Non-Physical Warehouse Work _____ Operating Forklift _____
Truck Driving (CDL) _____ Operating Shrink Wrap Machine _____ Painting _____
Sweeping/Mopping Warehouse _____ Carpet Cleaning _____ Window Cleaning _____
Cleaning Kitchen _____ Cleaning Bathrooms _____ Reception Desk _____
Making Phone Calls _____ Computer Data Entry _____ Printing/Collating _____
Bulk Mailings _____ Supervise Groups of Volunteers _____ Other _____

List any other special skills or abilities that you would like to donate to Midwest Food Bank?

Do you have any special physical limitations that we should know about **prior** to assigning tasks to you?

In case of an emergency, who should we contact?

Name _____ Relationship _____ Phone _____