



**- VOLUNTEER APPLICATION -**

**TODAY'S DATE:** \_\_\_\_\_

**Parent/Guardian**

**NAME:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL NO:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**LANGUAGES: English**

**Spanish**

**Other:** \_\_\_\_\_

---- please circle answers below ----

**Do you have physical limitations we should be aware of ? Yes No**

**Could you do early morning pickup of food at local grocery stores or bakeries ? Yes No**

**If so, could you drive the WSA van ? Yes No**

**Do you have a Driver's License ? Yes No**

**Which service day/time do you prefer - circle any that work for you :**

**Wednesday: Morning Afternoon**

**Friday: Morning Afternoon**

**Do you have any special talents or abilities that you could use to help the Pantry better serve our community?**

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**EMERGENCY CONTACT INFORMATION:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_

---- please fill out the volunteer waiver on the next page ----