

Volunteer Application

Date _____

Name	Birth Date	
Telephone	Cell Phone	Text N / Y
Email	Reference/ In Case of Emergency = ICE	
Mailing Address	Name	
City, State Zip Code	Number	

Do you speak or write any languages other than English? _____

Volunteer / Service Organizations / Church Affiliation / Work exp. _____

List specific skill / talent that might be useful in your volunteer work. _____

Areas of Interest (please mark all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> MPFH Thrift Store | <input type="checkbox"/> Heavy Lifting | <input type="checkbox"/> Crafty/Scrapbooks |
| <input type="checkbox"/> Samaritan Project | <input type="checkbox"/> Professional Consulting | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clothing Bank | <input type="checkbox"/> Shopping (for the elder or disabled) | |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Truck / Trailer – Hauling/Deliver | |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Events | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Construction/Handy Person | |

Preferred Day & Time _____ Regular Schedule or As Needed _____

Do you want to receive online Newsletters? _____ Is Email a good way to contact you? _____

Please list your Comments and Suggestions _____

THANK YOU FOR COMPLETING THIS APPLICATION AND YOUR INTEREST IN VOLUNTEERING WITH POM

For Office Use: MPFH Food Bank Samaritan Special Project OTHER _____

Mon Tues W Thur Fri Sat Morning Afternoon As Needed
