

VOLUNTEER APPLICATION FORM

Name: _____ Phone # _____

Email: _____

What type of volunteering are you most interest in doing (i.e. hamper/shelving team, awareness team, food drives, etc)?

Why do you want to volunteer?

How often are you able to volunteer? Circle below

As often as needed Once a week Once a month Other _____

How many hours per week or month are you able to commit to? _____

All volunteers are required to attend a volunteer orientation, even if you have volunteered before. Orientations can be in a group setting or one on one. Please indicate below which days and times would work best for you.

Please fill out which days and times you are able to volunteer. Just a reminder that you will only be scheduled the number of hours you indicate above. Please attach your class schedule if you are able.

Time available	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

est.2019

What is the best way to communicate info to you? (i.e. email, Facebook messenger, etc)

Please email your volunteer application to pantry.foodbank@suo.ca