

Date: \_\_\_\_\_



**ELK GROVE FOOD BANK SERVICES  
VOLUNTEER APPLICATION**

**PLEASE PRINT**

\_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_ City State Zip  
Address

\_\_\_\_\_ E-mail Address  
Home Phone Cell Phone

**Volunteer hours are from 9:00 am – 1:30 pm, Monday – Friday**

Volunteer duties include but are not limited to sorting food, courtesy clerk, client check in, sorting clothes and distributing clothes.

\_\_\_\_ Check if you would like to volunteer for special events.

What days are you available to volunteer?

Please check: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Do you have prior volunteer experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you bilingual? \_\_\_\_\_ In what language(s)? \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

Do you have any special needs that require accommodation? \_\_\_\_\_

Please list the name, address, and telephone number of one reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

**Parental Signature consenting to applicant serving as a volunteer with EGFBS: (if under 18 years of age)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Called..... Name \_\_\_\_\_ Date \_\_\_\_\_

Comments: