



### VOLUNTEER APPLICATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Can you lift 25-50 pounds? \_\_\_ Yes \_\_\_ No

**I am interested in the following position(s):**

**Truck Driver or Assistant:** Drives to local grocery stores to pick up scheduled donations. Mon, Tues, Wed, Thurs, Fri or Sat, 8:00 am – Noon. \_\_\_ Driver \_\_\_ Assistant Day(s) of Week: \_\_\_\_\_

**Sorter:** Inspects, sorts, and stores daily deliver of perishable and non-perishable items. Indicate desired shift:  
\_\_\_ Mon: 9am - Noon \_\_\_ Tues: 9am - Noon \_\_\_ Wed: 9am - Noon \_\_\_ Thurs: 9am - Noon

**Warehouse Sorter:** Inspects, sorts, and stores non-perishable goods in the storage warehouse

**Thursday Distribution:** Help with food distribution to clients. Thursday only.

Indicate desired shift: \_\_\_ First Shift: 1pm - 4pm \_\_\_ Second Shift: 3:45pm - 6:30pm

**Saturday Distribution:** Help with food distribution to clients. Saturday only: 9:45 – 12:15

**Food Drives/Fundraising:** Help with collecting and transporting food and donations from food drives and fundraisers.

**Events:** Help with special events and holiday distributions.

**\*Are you able to commit to being a regular volunteer in the shift/capacity you specified above? \_\_\_ Yes \_\_\_ No**

**Students Only:**

Are you fulfilling Service Hours for school? \_\_\_ Yes \_\_\_ No How Many Hours Do You Need: \_\_\_\_\_

Which School: \_\_\_\_\_

We have a limited number of Student Positions available. You should be willing treat your volunteer position as a job.

**Are you able to commit to being at the Food Bank on a weekly Basis?**

\_\_\_ Yes \_\_\_ No If you answered No, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Consent to Background Check** – By signing below, I consent to the background check for criminal history through the Washington State Patrol as required by State Law. I understand that the findings may result in not being able to serve in certain capacities.

**Volunteer Authorization** – By signing below, I give permission to have my photo taken and used for publicity purposes by the Lake Stevens Community Food Bank during my time volunteering.

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

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

We will be in touch within 1 week after your application is submitted. We have a very small workspace that can only accommodate a few volunteers. If the shift(s) that you have chosen do not have a need for additional volunteers at this time, we can discuss another shift or we can place you on our substitute list until a position opens up.

***Thank you for your interest in Lake Stevens Community Food Bank!***