

VOLUNTEER APPLICATION FORM

**HARVEST
HANDS**
Ending hunger. Nourishing hope.

Contact Information

NAME:

PHONE NUMBER:

ADDRESS:

EMAIL:

Emergency Contact Information:

NAME:

PHONE NUMBER:

Additional Information:

HOW DID YOU HEAR ABOUT US?

WHY WOULD YOU LIKE TO WORK WITH HARVEST HANDS?

WHAT SKILLS, EXPERTISE, TALENTS, EXPERIENCE AND INTERESTS DO YOU POSSESS THAT WOULD BENEFIT THE OPERATION OF HARVEST HANDS FOOD DISTRIBUTION CENTRE?

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO VOLUNTEER WITH HARVEST HANDS?

ADMINISTRATION

EVENTS

PACKING & SORTING

FUNDRAISING

DELIVERIES

PICKING ORDERS/STOCKING

LABELING

KITCHEN

ANYWHERE I AM NEEDED

MONTH:

DAY:

YEAR:

SIGNATURE:

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Thank you for the gift of your time! Volunteering is a work of the heart.