

VOLUNTEER APPLICATION FORM



Contact Information

NAME:

CELL NUMBER:

ADDRESS:

EMAIL:

CITY:

PROVINCE:

POSTAL CODE:

Emergency Contact Information:

NAME:

CELL NUMBER:

Additional Information:

HOW DID YOU HEAR ABOUT US?

WHY WOULD YOU LIKE TO WORK WITH HARVEST HANDS?

PAST WORK EXPERIENCE:

HOBBIES:

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
MARKETPLACE		

MON	TUE	WED	THUR
FRI	SAT	SUN	
7-12	8-12	1-4	1-6

CERTIFICATES

AZ LICENSE	FOOD HANDLING CERTIFICATE
FORK LIFT CERTIFICATE	FOOD MANAGER CERTIFICATE

OCCASIONAL WEEKEND AND EVENING AVAILABILITY

LIST ANY OTHER CERTIFICATES:

MONTH:

DAY:

YEAR:

SIGNATURE:

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