

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

MON

TUE

WED

THUR

FUNDRAISING

DELIVERIES

PICKING ORDERS/STOCKING

FRI

SAT

SUN

LABELING

KITCHEN

ANYWHERE I AM NEEDED

7-12

8-12

1-4

1-6

MARKETPLACE

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.