



Date _____

Volunteer Interest Form

Name _____

Age (Optional) _____ Phone _____

Email _____

Address _____ City _____

State _____ Zip _____ County _____

Physical Lifting Limitations

10-20 lbs ☐

20-30 lbs ☐

30-40 lbs ☐

Do you have a job? ☐ Yes ☐ No

How many hours? _____

What kind of work have you done in the past?

Special skill, talents, and/or abilities

Volunteer Positions

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Electrical | <input type="checkbox"/> Office Skills |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Forklift Driver | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Adoptee Coordinator | <input type="checkbox"/> Freezer/Cooler Clerk | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Box Filler | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Receiver Clerk |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Gardening | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Data | <input type="checkbox"/> IT Skills | <input type="checkbox"/> Resource Center |
| <input type="checkbox"/> Distribution Clerk | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Team Load Hauler |
| <input type="checkbox"/> Donors | <input type="checkbox"/> Meat Clerk | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Driver (CDL not required) | <input type="checkbox"/> Member at Large assistant | |

Can you regularly Volunteer? ☐ Yes ☐ No

What days of the week can you volunteer? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

How did you hear about us? _____