

Sequim Food Bank Volunteer Profile

“Neighbors Helping Neighbors”

(Please print clearly)

Name _____ Date _____

Street _____

City/State/Zip _____

Phone _____ Email _____

Work Interest (check all that apply)

_____ Product sorting/packing

_____ Yard work

_____ Cleaning/maintenance

Hours Available (check all that apply)

_____ Monday 9 am – 12 pm

_____ Friday 9 am – 12 pm

_____ Other (please specify: _____)

Scheduling Preference

_____ Monthly

_____ Weekly

_____ Other (please specify: _____)

Emergency Contact

Name _____ Relationship _____

Phone (cell) _____ Phone (home) _____

- **Donated food or product should never be removed and/or consumed by volunteers unless it is specifically offered.**
- **Open-toed shoes should not be worn when volunteering at the Food Bank.**
- **All volunteers must fill out a Background Check Authorization.**
- **Please show up to work only when scheduled as an accurate volunteer count is needed in order to assign work projects. *Unscheduled volunteers may be asked to reschedule.***