



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth (for IRS reporting purposes):

Under 13     13 - 25     under 65     65+

**Areas of Interest**

In what area would you most like to volunteer?

- Gleaning (weeding and collecting produce on a local farm)
- Warehouse (packing and unpacking nonperishables)
- Office (answering phones, data entry, etc.)
- Delivery (transporting nonperishables)
- Garden (working to build Raised Beds)
- Kitchen (cooking, cleaning, etc.)

**Volunteer Hours**

How many hours would you like to volunteer:     Weekly     Monthly

Is there a specific day you can volunteer \_\_\_\_\_

Would you like to be put on a list of our regular volunteers?     Yes     No

Please indicate your specific availability and interests:

\_\_\_\_\_

Thank you for volunteering with the Chester County Food Bank. We would like to know reason for volunteering:

- Community Service                       Personal Reasons
- Religious Reasons                       Course Requirement
- Other (please specify below)