

Mabel Area Food Shelf

Providing nourishment and necessities for community members in need.

Volunteer Application

Name _____

Address _____

Phone Number _____ E-mail _____

Duties you may be interested in (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Carrying food upstairs | <input type="checkbox"/> Stocking shelves |
| <input type="checkbox"/> Registering/assisting Users | <input type="checkbox"/> Recording data |
| <input type="checkbox"/> Set up/maintenance of room | <input type="checkbox"/> Sending thank you notes |
| <input type="checkbox"/> Assisting with donation requests | <input type="checkbox"/> Recipe sharing etc. |
| <input type="checkbox"/> Other, specify _____ | |

We plan to have the food shelf open to the public every Thursday from 4 to 8 PM and the third Saturday of each month from 9 AM to Noon. Some duties will require volunteers during those hours and others will require volunteers at other times that may be more flexible.

What day(s) and time of the day would you prefer to work?

Additional comments/suggestions:

Return completed application to your pastor or any food shelf committee member.

- Oriented Confidentiality Agreement Signed Added to Volunteer List