

Date _____
Coordinator _____

APPLICATIONS FOR VOLUNTEERS
Waconia United Food Shelf
11 Elm Street South
P.O. Box 577
Waconia, MN 55387

NAME: _____ PHONE: _____

ADULT _____ or YOUTH _____ / AGE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT AND PHONE: _____

WHAT WOULD YOU LIKE TO DO AT THE FOOD SHELF? *Check all that apply.*

Food Shelf Shift Worker _____ Food Pick up Driver _____ Stocker _____

Help with Second Harvest deliveries 1st and 3rd Thursday 7:30 a.m.-9:00 a.m. _____

WHEN WOULD IT BE BEST FOR YOU TO VOLUNTEER?

Monday 9:00 a.m. - 12:00 p.m. _____

Tuesday 4:00 p.m. - 7:00 p.m. _____

Thursday 4:00 p.m. - 7:00 p.m. _____

Friday 9:00 a.m. - 12:00 p.m. _____

Saturday 9:00 a.m. - 12:00 p.m. _____

HOW OFTEN? Every other week _____ Monthly _____

Do You have any restrictions on the weight you can lift? Yes _____ No _____

Do you have a special skill you would be willing to help us with occasionally?

Computer _____ Spanish Speaking or Translating _____ Carpentry _____

Electrical _____ Plumbing _____ Other _____