

McKinleyville Family Resource Center Volunteer Application

Date: _____

Name: _____ Phone: _____

Address: _____ E-mail: _____

_____ Birthday: _____

Education Background: _____

Emergency Contact: _____ Phone: _____

Please note that volunteers under the age of 18 must have a signed parent consent form on file

How often can you volunteer? Weekly Monthly On Call

Mon. Hours Available: _____

Tues. Hours Available: _____

Wed. Hours Available: _____

Thurs. Hours Available: _____

Fri. Hours Available: _____

Sat/Sun. Hours Available: _____

McKinleyville Food Pantry Staff Use Only

Community Volunteer: _____ Youth Volunteer: _____

Court/Community Services _____ CalWorks/GR/Nexid: _____

Other: _____

Staff Signature _____ Orientation Date _____

