

McKinleyville Family Resource Center Volunteer Application Form

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.****

Skills you would like to share: _____

Please list special needs or work-related restrictions (i.e. lifting issues, chemical allergies, etc.):

After reading the volunteer job list, which job/jobs would interest you most?

List two personal references other than family:

Name: _____ Phone: _____ Known since _____

Name: _____ Phone: _____ Known since _____

Have you ever been convicted of anything other than a minor traffic violation? Yes No

If yes: Date: _____ County & State: _____

Type of conviction: _____

The information provided is confidential and will be kept on file at
McKinleyville Family Resource Center.

McKinleyville Food Pantry Staff Use Only:

Community Volunteer: _____ Youth
Volunteer: _____

Court/ Community Service: _____ CalWorks, GR,
Nexeid: _____

Other: _____

Staff Signature: _____ Orientation Date: _____