

# River Falls Community Food Pantry Volunteer Application

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**Please print**

First Name.....Last Name.....

Address .....City/State/Zip.....

Telephone ..... Email .....

Are you 18 years of age or older?    No        Yes

Are you volunteering with a child? (Children must be at least 14 years of age and with a parent at all times while volunteering) Please circle:    No        Yes

**Personal Information (please circle correct response):**

**Physical Limitations:**    No    Yes (Please Explain) \_\_\_\_\_

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**Education (highest level completed)**

Grades 1-5    6-9    11-12    College    Business    Graduate School Technical/Vocational

**Former or current work/occupation** \_\_\_\_\_

**List previous volunteer experience** \_\_\_\_\_

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**Special Skills (List your skills and indicate proficiency level)**

1. ....

2. ....

3. ....

**Languages**        Fluent        Read        Write

1. ....

2. ....

Why would you like to volunteer at the food pantry? (school, own enjoyment, etc.) \_\_\_\_\_

Volunteer availability: (Circle all applicable)

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|---|
| <b><u>Monday</u></b><br>9:45am-12:15pm<br>6:15-8:15pm |
|---|

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|---|
| <b><u>Wednesday</u></b><br>12:45-3pm<br>2:45-5:15pm |
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|---------------------------------------|
| <b><u>Thursday</u></b><br>6:15-8:15pm |
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| <b><u>Friday</u></b><br>9:45am-12:15pm |
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|--|
| <b><u>Saturday</u></b><br>9:45am-12:15pm |
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No Preference

Are you interested in helping with (please check appropriate box. If interested in more than one area please number 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>):

- Daily Shifts at the Pantry:** includes working with clients, accepting and sorting donations, bagging groceries, stocking shelves, cleaning.
- Delivery Driver:** driving to retailers to pick up donations at locations such as: Target Hudson, Walmart Hudson, County Market Hudson, Walmart New Richmond, Kwik Trip River Falls, Food Resource Center Hudson, TEFAP Pierce County Pantry Ellsworth. A pre-set schedule is distributed every month and is coordinated by a pantry volunteer.
- Unloading:** Arriving at the pantry when donations are picked up to weigh and put away product.
- Fundraisers:** Distributing fundraising materials, creating and assembling items, and promotional needs requested by Pantry Board and Executive Director.

In an emergency, notify:

First Name..... Last Name.....  
Address .....  
City/State/Zip..... Telephone .....

Volunteers hereby agree to serve any client who needs assistance regardless of race, sex, creed or national origin.

.....  
(Signature/Volunteer)

.....  
(Date)