Volunteer Interest Form

FORKS COMMUNITY
Food Bank

181 Bogachiel Way
Forks, WA 98331
(360) 374-4197

Please print clearly in ink

Section 1 — Personal Information

Name: Date:

Address: City: State: Zip:

Phone: Cell: Email:

Emergency Contact: Phone:

Age 18+? ☐ Yes ☐ No Parent/Guardian (if under 18):

Section 2 — Availability

Check all days and times you are available to volunteer:

Day	Morning (8am–12pm)	Afternoon (12pm–4pm)	Evening (4pm–7pm)
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐
Saturday	☐	☐	☐
Sunday	☐	☐	☐

Hours/week available: ☐ 1–3 hrs ☐ 4–6 hrs ☐ 7–10 hrs ☐ 10+ hrs
Regular/ongoing: ☐ Yes ☐ No ☐ Occasionally

Section 3 — Areas of Interest

Check all areas you are interested in volunteering:

☐ Food Sorting & Packing
☐ Client Services / Front Desk
☐ Food Distribution / Pantry
☐ Warehouse & Receiving
☐ Delivery Driver *(valid license required)*
☐ Administrative / Office Support
☐ Special Events
☐ Fundraising & Community Outreach
☐ Garden / Food Recovery
☐ Other:

Section 4 — Skills & Experience

Special skills or training: _____

Languages (other than English): _____ Driver's license: ☐ Yes ☐ No Vehicle type: _____

Volunteered with us before? ☐ Yes ☐ No If yes, when: _____

Section 5 — Groups & Organizations

Volunteering as part of a group? ☐ Yes ☐ No

Organization Name: _____ Contact Person: _____ Est. Group Size: _____

Contact Phone(s): _____

Section 6 — Additional Information

Why are you interested in volunteering with the Forks Community Food Bank?

_____

_____

Is there anything else you would like us to know?

_____

Section 7 — Agreement & Signature

I understand that volunteering at the Forks Community Food Bank is subject to the organization's policies and procedures. I agree to follow all guidelines and to maintain the confidentiality of client information.

Signature: _____ Date: _____

Printed Name: _____

If volunteer is under 18, a parent or guardian must also sign below:

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____