



VOLUNTEER APPLICATION

Food Literacy Project

For Office Use Only
Background check complete?

YES NO

Orientation Date: _____

PERSONAL INFORMATION

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____

E-mail Address: _____

Birth Date: __/__/__ Primary contact: Home Phone ____ Cell Phone ____ Email ____

How did you hear about the Food Literacy Project?

EMPLOYMENT/SCHOOL INFORMATION

Employer _____

Occupation _____

School _____ Major _____ Class of _____

AVAILABILITY AND INTERESTS

Please check all times during the week that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am – 12pm							
12pm – 3pm							
3pm – 6pm							

How many hours/days a week would you like to volunteer? _____

What are your volunteer interests? (Please select all that Apply)

Field-to-Fork Club Program Volunteer ____ Field-to-Fork Club Program Support Volunteer ____

On-Farm Program Volunteer ____ Garden & Program Support Volunteer ____

Second Saturday's ____ Creative Media ____ Special Events ____

What skills do you have that may be helpful with volunteering here:

What else would you like to know about the Food Literacy Project?

LANGUAGES

Please list all languages you have experiences with:

_____	Read_____	Write_____	Speak_____	Level of Fluency_____
_____	Read_____	Write_____	Speak_____	Level of Fluency_____
_____	Read_____	Write_____	Speak_____	Level of Fluency_____
_____	Read_____	Write_____	Speak_____	Level of Fluency_____

EMERGENCY CONTACT INFORMATION

Name:_____

Relationship to you:_____

Cell Phone #: (____)_____ Work Phone #: (____)_____ Home Phone #:(____)_____

Do you give us permission to call for transport to the nearest medical facility should you incur serious illness of injury while you are volunteering? Yes_____ No_____

VOLUNTEER AGREEMENT

I affirm that all information on this application is complete and true. I agree to abide by all policies and regulations of the Food Literacy Project during my time as a volunteer. I am submitting my application to volunteer with the understanding that I will receive no monetary compensation for my time or efforts.

Volunteer name (please print)_____

Signature_____ Date_____

Parent Signature (if volunteer is under age 18)_____ Date_____