

ShareNet Volunteer Application Form

Applications can be mailed to P.O. Box 479, Kingston, WA 98346 Or you can drop it by the food bank at 25994 Barber Cut Off Rd. Kingston, WA 98346

Today's Date: ______ First Name _____ Middle Initial_____ Last Name _____ Birthdate _____ Street Address and PO Box (if any) City, State & Zip Best Phone Number to reach you at: _____

Email Address

Please PRINT CLEARLY

Notice: Background Checks for Volunteers

We value the contributions you make to our organization and appreciate your dedication to our cause. In order to ensure the safety and security of our staff, clients, and volunteers, we will be conducting a Washington State Criminal Background check on all volunteers after you have agreed to a volunteer position. A separate form will be sent to you to complete. We understand that this may be an inconvenience for some volunteers, but we hope you understand that this is a necessary step to ensure the safety of everyone involved.



Name	

Availability: Check the days and hours that you are available for volunteer assignments.				
□ Weekday: □ morni	ngs □ afternoons			
□ Saturday: □ mornii	ngs □ afternoons			
☐ Other Preferred H	Hours:			
due to a heavy worklo	,	on-call volunteer when ShareNet is understaffed s would require a degree of flexibility in your ubstitute.	ł	
□ Yes □ Exclusi	vely □ Occasionally □] No		
Area of Interest: Tell Food Bank	us what you would enjoy do	ing.	_	
□ Mobile food pantry		□ Order fulfillment		
□ Client greeters	□ Food-drive pick up	□ Grocery store food pick up		
Thrift Store				
□ Cashier □ La	undry facilitator □ Merchar	ndising □ Donation processor		
Assisting Individua As a volunteer at our f those experiencing ho	ood bank or thrift store, are you	u comfortable with assisting individuals in need c	or	
□ Yes □ N	No			
Special Skills: Tell uthink might be helpful	•	our experience, volunteering, or employment yo	u	