



PO Box 333 • SOMERSET, NEW JERSEY 08875-0333 • TEL (732) 246-0009  
60 MILLSTONE ROAD • e-mail: fhasner@ffb.us • Website: www.franklinfoodbank.org

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## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Volunteer Day: (circle) Mon Tues Wed Thur Sat

Preferred Volunteer Hours: ( 9AM – 12 PM  ), ( 12PM – 3PM  ), ( Other  \_\_\_\_\_ )

List any foreign languages that you speak: \_\_\_\_\_

Read/write: \_\_\_\_\_

Indicate task you are interested in performing:

- |  |  |
|--|--|
| <input type="checkbox"/> Sorting donations & stocking shelves                        | <input type="checkbox"/> Translating documents       |
| <input type="checkbox"/> Moving cases of food (up to 50 lbs.)                        | <input type="checkbox"/> Processing bulk mail        |
| <input type="checkbox"/> Donation pick ups   | <input type="checkbox"/> Assisting at special events |
| <input type="checkbox"/> Distributing food to clients (afternoons or Saturdays only) | <input type="checkbox"/> Staffing food drives        |

List other skills & interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_



*To care is human; to share is divine.*