



PO Box 333 • SOMERSET, NJ 08875-0333 • TEL: (732) 246-0009 • FAX: (732)246-4694
60 MILLSTONE ROAD • Email: mail@ftfb.us • Website: www.franklinfoodbank.org

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)

Are you available during November or December? Y N

List any foreign languages that you speak: _____
Read/write: _____

Indicate task you are interested in performing:

- | | |
|---|---|
| <input type="checkbox"/> Distributing food to clients | <input type="checkbox"/> Donation pick ups |
| <input type="checkbox"/> Stocking shelves | <input type="checkbox"/> Moving cases of food
(up to 50 lbs) |
| <input type="checkbox"/> Repackaging bulk foods | <input type="checkbox"/> Computer data entry
(Access, Excel) |
| <input type="checkbox"/> Miscellaneous typing | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Processing Bulk Mail | <input type="checkbox"/> Translating documents |
| <input type="checkbox"/> Assisting at special events | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> Sorting clothing | <input type="checkbox"/> Clothing Preparation |
| <input type="checkbox"/> Assisting wardrobe clients | <input type="checkbox"/> Cleaning (office & warehouse) |

List other skills & interests:

Signature: _____ Date of Application: _____

Signature of Parent/Guardian if under 18: _____