



Date: _____

Volunteer Application 2012

Name: _____

Address: _____ Town: _____ Zip: _____

Phone: _____ cell/home/work Email: _____

Will your volunteer hours fulfill a community service requirement?

No

Yes If yes, name of school/organization/agency/court for which you are completing

community service: _____ Number of Hours: _____

How did you hear about People to People, Inc.? _____

Availability: Check all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday
9am -1pm					
1-4pm					
Students 3-5pm					

Check skills that apply:

- | | |
|---|--|
| Answering phones <input type="checkbox"/> | Bagging groceries <input type="checkbox"/> |
| Computer, data entry <input type="checkbox"/> | Folding/hanging clothes <input type="checkbox"/> |
| Filing, mailings <input type="checkbox"/> | Stocking shelves <input type="checkbox"/> |

Other, Please explain: _____

Languages spoken: Check all that apply.

English Spanish Creole French Other

Physical/Medical Limitations: Some work in the Food Pantry requires lifting (up to 40 lbs). Please indicate whether or not you are able to do lifting:

- Yes, I am able to lift food items in the Food Pantry
- No, I am not able to lift food items in the Food Pantry

In case of an emergency please notify:

Name: _____

Phone: _____