



Volunteer Application
Regional Food Bank of Northeastern New York
965 Albany-Shaker Road
Latham, New York 12110
(518) 786-3691

Date _____

First Name _____ Last Name _____

Name of School/Organization/Group/Business (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____ Age _____

Email _____

Emergency Contact Name(s) and Number(s) _____

Medical alerts/allergies/special needs please let us know for your safety: _____

Reason you are volunteering? _____

What days and times are you available to volunteer? _____

Frequency: once a week, twice a week, once a month etc.? _____

Please list previous volunteer experience:

Activity	Organization
_____	_____
_____	_____
_____	_____

Please list any skills, hobbies or interest that might be helpful in your volunteer work:

Please circle or check the activity you are most interested in volunteering:

Warehouse _____

Salvage Sorting _____

Office _____

Farm _____