



Volunteer Contact Sheet

Regional Food Bank of Northeastern New York
965 Albany-Shaker Road | Latham, New York 12110
(518) 786-3691, x234 | volunteers@regionalfoodbank.net

Date _____

First Name _____ Last Name _____

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

Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____ Age _____

Email Address _____

Please send me the monthly Volunteer Schedule and Newsletter by email

Please send me quarterly e-newsletters from the Regional Food Bank

Emergency contact name(s) and number(s) _____

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

DAYS and TIMES you available to volunteer (Please do not list specific dates) _____

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

Previous volunteer experience

Activity

Organization

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

Check the activity where you are most interested in volunteering:

Warehouse _____

Salvage Sorting _____

Office _____

Farm _____

**Once you return this form to the Food Bank,
our Volunteer Coordinators will contact you to arrange your volunteer schedule.**