



# Volunteer Information

This information will not be shared outside the Food Bank.

[www.SHFB.org](http://www.SHFB.org)

## Section 1: Volunteer Personal Information

San Jose     San Carlos

Today's Date \_\_\_\_\_  Male     Female

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (other) \_\_\_\_\_

Email \_\_\_\_\_ Student at \_\_\_\_\_

If under 18, a signed permission slip is required. If under 18, how old are you today? \_\_\_\_\_

Do you have a current permission slip on file?  Yes     No

Do you have any Special Medical Conditions that we should be aware of? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

## **Section 2: Please indicate your reason(s) for volunteering. If you are a Community Volunteer, please indicate if you are volunteering as an individual or if you are affiliated with a group. Please indicate all areas that apply. Notify staff when you arrive to volunteer if you require verification of volunteer hours.**

- Individual:**                       **Group:**     Corporate     Club     School     Youth
- School Required Service                       Civic/Gov     Faith Based     Other \_\_\_\_\_

Group/Organization Name: \_\_\_\_\_

Are you volunteering for a one-time event?  Yes     No    When: \_\_\_\_\_ Activity? \_\_\_\_\_

Require verification of hours     Court Mandated Hours    # of hours required \_\_\_\_\_

## Section 3: Volunteer History

Have you volunteered with us before?     No     Yes     Current, Active

Date last volunteered \_\_\_\_\_

Please mark each activity in which you participated.     Warehouse Activities     Food Collection     Education & Outreach

Food Distribution     Admin/Clerical/General     Other

Are you interested in becoming a regular volunteer with the Food Bank?     Yes     No

**CURTNER CENTER**  
750 CURTNER AVENUE  
SAN JOSE, CA 95125-2118  
408.266.8866 (PHONE)  
408.266.9042 (FAX)

**BING CENTER**  
1051 BING STREET  
SAN CARLOS, CA 94070-5320  
650.610.0800 (PHONE)  
650.610.0808 (FAX)

**CYPRESS CENTER**  
4001 NORTH FIRST STREET  
SAN JOSE, CA 95134-1503  
408.266.8866 (PHONE)  
408.266.9042 (FAX)



# Volunteer Information

Continued

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### Section 4: Volunteer Interests (for ongoing volunteers only)

Please mark each activity in which you would like to participate. Additional details and resource links can be found at our website: [www.shfb.org/Volunteer](http://www.shfb.org/Volunteer)

- Warehouse Activities: Prepare food for distribution by verifying, sorting, labeling and repacking items.
- Food Collection: Collect food directly from farms, orchards or other donation collection sites.
- Education and Outreach: Educate the community on nutrition, resources, health and hunger.
- Food Distribution: Work at field sites to distribute donated food directly to eligible participants.
- Professional/Administrative/Clerical/General Office
- Other: If you do not see an opportunity that interests you \_\_\_\_\_

### Section 5: Individual Volunteer

If you are an individual volunteer, please tell us how you learned about the Food Bank. Select all that apply.

- Co-worker  Friend  Drove by the Santa Clara Facility  Drove by the San Mateo Facility
- Website/Search Engine  Newspaper Ad/Article  Radio Ad/Story  Television Ad/Story
- Saw SHFB Booth at a Fair  Saw SHFB Barrel at Work (Name: \_\_\_\_\_)
- Saw SHFB Barrel at Supermarket (Name: \_\_\_\_\_)
- Saw SHFB Barrel at Other (Name: \_\_\_\_\_)  Other \_\_\_\_\_

### Section 6: Availability: Please mark each time period that you are available to volunteer.

Monday	From: _____	To: _____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Frequency:  Daily  Weekly  Monthly  Other \_\_\_\_\_

### Section 7: Skills and Experience

Please list any special skills and/or experience and list any limitations that you that you feel would affect your volunteer activity at the Food Bank, if additional space is need use back of form. \_\_\_\_\_

### Section 8: Languages

Please list any languages in which you are fluent in speaking or reading/writing

Language	Fluent Speaking	Fluent Reading/Writing
English	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Food Bank Information Only**

Date: \_\_\_\_\_

Program: \_\_\_\_\_

Staff Contact: \_\_\_\_\_

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