

Lake Cares, Inc.
Volunteer Application Form

Orientation Date: _____

Name: _____

Address: _____

City: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Birthdate (m/d/y): _____

Email Preference: We like to keep our volunteers informed of important news, events and volunteer opportunities by email. We also send schedule confirmations via email as well. Please be sure that this email is valid.

I **do not** want to receive emails from Lake Cares.

Email: _____

Are you a Seasonal Florida resident? Y or N

Do you speak Spanish? Y or N

Are you trying to complete Community Service hours? Y or N

Employer: _____

Past Career: _____

Emergency Contact: In the event of an emergency, whom should we notify?

Name: _____ Phone: _____

Name: _____ Phone: _____

Availability Please circle the days you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9 am to 1 pm	9 am to 1 pm	8:15 to 12 pm 3:00 to 5:00 pm	9 am to 1 pm	9 am to 1 pm	8:15 to 12 pm

Why would you like to volunteer? _____

Volunteer Experience: _____

Hobbies and Skills: _____

(Please turn over)

Skills and Experience

Please select the skills and experiences that you would be willing to use in a volunteer capacity.

- Able to lift 20+ pounds
- Can be on feet for 4 hours
- Pantry / Stocking / Packing
- Reception on Distribution Days
- Interviewing on Distribution Days
- Building Maintenance
- Computer Literate / Data Entry
- Coupon Collection / Clipping
- Driver to pick up food: Truck?
- Grocery Shopping
- Landscaping
- Media / Promotion
- Newsletter Publication
- Office Assistant
- Outreach Committee (Food Procurement)
- Photography
- Professional Services (e.g. photography, advertising, web design)
- Special Events

I agree not to hold Lake Cares, Inc. Food Pantry responsible for any injury or harm done to myself or for the theft of any personal articles.

Signature: _____ Date: _____

Office Use Only:

Start Date: _____

- Pantry Volunteer Intake Volunteer Spanish Speaking Seasonal Resident