

Food Bank Farm Camp Volunteer Application



YOUR CONTACT INFORMATION

First Name Last Name

Address City/State

Zipcode

Phone Email

Date of Birth:

GENERAL INFORMATION

Do you have a family member participating or volunteering at Farm Camp this year?

☐ Yes ☐ No

If Yes, please provide their name _____

What is your relationship to them? _____

What week(s) are they participating or volunteering at Farm Camp? _____

VOLUNTEER EXPERIENCE

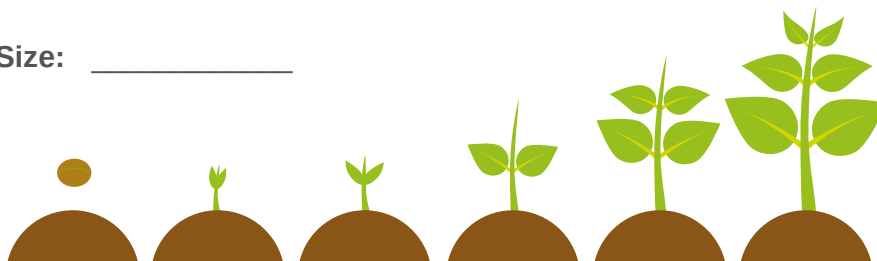
Have you worked with Children/Youth before? ☐ Yes ☐ No

If Yes, please provide describe:

Have you participated in volunteer activities before? ☐ Yes ☐ No

If Yes, please provide describe:

Volunteer T-Shirt Size: _____



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In order to Volunteer you must be able to attend all dates/times in the week.

Please **ONLY** select the dates you are fully available:

- | | | |
|--|--|--|
| <input type="checkbox"/> Week 1 - June 24-26
7:30am - 11:30am | <input type="checkbox"/> Week 2 - July 15-17
7:30am - 11:30am | <input type="checkbox"/> Week 3 - July 29-31
7:30am - 11:30am |
| <input type="checkbox"/> Week 1 MANDATORY
Volunteer Orientation
June 23rd, 8am | <input type="checkbox"/> Week 2 MANDATORY
Volunteer Orientation
July 14th, 8am | <input type="checkbox"/> Week 3 MANDATORY
Volunteer Orientation
July 28th, 8am |

EMERGENCY CONTACT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>	City/State	<input type="text"/>
		Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Relationship	<input type="text"/>		

Please list any physical limitations or conditions the Food Bank Farm Team should know about before you serve, including allergies, etc.

I hereby agree to follow all rules, instructions, and Code of Conduct given by the Food Bank Farm Camp and Orangevale-Fair Oaks Community Foundation.

Name (Print): _____

Signature: _____

Date: _____

