



ADULT VOLUNTEER APPLICATION

Mail Completed Application to:

Volunteer Coordinator
Akron-Canton Regional Foodbank
350 Opportunity Parkway
Akron, Ohio 44307-2234

330.535.6900 Fax 330.996.5337
www.akroncantonfoodbank.org

Group Name: _____

Name _____

Address _____

City _____ County _____ Zip _____

Home Phone (_____) _____ Email _____

Date of Birth ____/____/____ Age ____ Male ____ Female ____

Employer _____

Address _____

City _____ Zip _____

Work Phone (_____) _____ Cell Phone (_____) _____

Indicate Day(s) and Time(s) You are Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

If volunteering as a "Group", may we contact you for individual volunteer opportunities in the future?

____ Yes ____ No

Are you interested in volunteering regularly or only as needed? ____ Regular ____ As Needed

How did you hear about the Akron-Canton Regional Foodbank and our volunteer opportunities?

(Check any or all that apply)

____ Church ____ Paper ____ Friends ____ Volunteer Ctr ____ Work ____ Radio ____ Info Line ____ Other

Some volunteer opportunities require standing for long periods of time and/or lifting up to 20 lbs.

Would these opportunities be a problem for you? (Please check one)

_____ Yes _____ No

(Over)

