Second Harvest Food Bank
of the Mahoning Valley

VOLUNTEER APPLICATION

Contact Information

Full Name: _____ Date of Birth: _____
First *Last*

Address: _____
Street Address *Apartment/Unit#*

_____
City *State* *Zip Code*

Phone: _____ Work: _____

Email Address: _____

Availability

Area of Interest

☐ Office (answer phone, greet visitors, etc.)

☐ Repack (sort and box food, etc.)

Available Hours

Office

Monday	☐ 8am to 12pm	☐ 12pm to 4:30pm
Tuesday	☐ 8am to 12pm	☐ 12pm to 4:30pm
Wednesday	☐ 8am to 12pm	☐ 12pm to 4:30pm
Thursday	☐ 8am to 12pm	☐ 12pm to 4:30pm
Friday	☐ 8am to 12pm	☐ 12pm to 4:30pm

Repack

Monday	☐ 9am to 12pm
Tuesday	☐ 9am to 12pm
Tuesday	☐ 2pm to 4pm
Wednesday	☐ 9am to 12pm
Friday	☐ 9am to 12pm

We ask that all volunteers are able to commit to a consistent, weekly schedule. Regular attendance helps us better serve our community and ensures our programs run smoothly.

☐ I am only interested in completing community service. Please note: community service is only available to high school students. We do NOT offer court-appointed community service.

Do you have any physical limitations? _____

_____

Additional Information

In Case of Emergency, please contact:

Name: _____ Phone: _____

Relationship: _____