Second Harvest Food Bank of the Mahoning Valley

A Member of FEEDING AMERICA

Volunteer Group

Contact Date: _____

Company/Group Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

Mailing Address: _____

_____

Volunteer Day(s)/Date(s): THURSDAY: (Date to be determined)_____

Time: 1:00 – 3:00 p.m.

Number of Volunteers: (Minimum of 5, Maximum of 15)_____

Additional Information: _____

_____