

Valley Interfaith Community Resource Center

Volunteer Application

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone Number: Home: _____ Cell: _____

Do we have permission to call/text you? Yes No

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

Volunteer Interests (Check at least two)

- | | | |
|--|--|---|
| <input type="checkbox"/> Pantry Van Driver | <input type="checkbox"/> Front Desk Registration | <input type="checkbox"/> Clothing Sorting & Hanging |
| <input type="checkbox"/> Pantry Stocking | <input type="checkbox"/> Lobby Support | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Pantry Shopper | <input type="checkbox"/> Clothing Area Support | <input type="checkbox"/> Community Events |
| | | <input type="checkbox"/> Other: _____ |

Availability

VICRC Hours:

Monday: 9 AM – 11 AM & 11 AM – 1 PM

Tuesday: 10 AM – 12:30 PM

Wednesday: 3 PM – 5:30 PM

Thursday: 10 AM – 12 PM

Friday: 9 AM – 11 AM & 11 AM – 1 PM

Every 2nd and 4th Saturday: 10 AM – 12 PM

If you prefer to drop in as needed rather than committing to a set schedule, please list your available days and times below.

Day(s): _____

Time(s): _____

Special Training

Do you have any special training, technical, or professional skills or talents you would like to share?
