



Volunteer Group Information Sheet

Date _____

Group _____
Main Contact Person _____
Secondary Contact Person _____
Address _____
City: _____
Phone: Day _____
E-mail _____
Emergency Contact _____
Phone # _____

How would you like to help?

- | | |
|--|--|
| <input type="checkbox"/> Packing & sorting donations | <input type="checkbox"/> Data entry |
| <input type="checkbox"/> Office assistance | <input type="checkbox"/> Coordinate a food drive |
| <input type="checkbox"/> Holidazzle or other special events | <input type="checkbox"/> Transport food & barrels |
| <input type="checkbox"/> Community education speaker | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Donate your professional services (Please list field of profession.) | |

Special Training/Skills (computers, languages, public relations, event coordinator)

How large is your group?

How many children and what are their ages?

How many chaperones?

**For certain projects EFN has requirements limiting group size and implementing chaperone ratios.

Does anyone have any health considerations we should be aware of for best placement?

When are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Weekly Monthly By project

Are there dates or times of the year you are available or unavailable?

Would you like to add any comments to help us to find the best placement for you?

Please note:

Before your group volunteers, we will give an orientation to the adult contact who will be present when the group volunteers. The orientation will include a brief overview of EFN and its services, hunger information, and a description of the group's project, including responsibilities, policies and procedures.

You may mail this application to:

Emergency FoodShelf Network

8501 54th Ave. N.

New Hope, MN 55428

or fax it to:

763-450-3899 attention Volunteer Coordinator.

Thank you!