



Food Bank for Westchester
 358 Saw Mill River Road
 Millwood, NY 10546
 (914) 923-1100 TEL
 (914) 923-1198 FAX
www.foodbankforwestchester.org

Westchester Volunteer Questionnaire

Thank you for your interest in volunteering to fight hunger in Westchester County. To help us make the best match with between interest and talents and our needs, please print out and complete this questionnaire, then return it to Nancy Lyons, Resource/Volunteer Coordinator, Food Bank for Westchester.

Contact Information

| | |
|--------------------------|--|
| Name | |
| Street Address | |
| City, State and ZIP Code | |
| Home Phone | |
| Work Phone | |
| Email Address | |

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Phone Bank | <input type="checkbox"/> Vegetable growing |

Special Skills or Qualifications

List any special skills and qualifications you have from employment, previous volunteer work, interests, etc.

Previous Volunteer Experience

Please list your previous volunteer experience and any tasks/responsibilities you regularly performed or had.

In Case of Emergency

| | |
|------------------------|--|
| Name | |
| Street Address | |
| City, Sat and ZIP Code | |
| Home and Cell Phone | |
| Work Phone | |
| Email Address | |
| | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|---------------------|--|
| Name (PLEASE PRING) | |
| Signature | |
| Date | |

Our Policy

It is the policy of the Food Bank for Westchester to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Have questions? Need more information? Contact: Nancy Lyons, Food Bank Resource/Volunteer Coordinator, (914) 923-1100 or nancy.lyons@foodbankforwestchester.org.