



VOLUNTEER APPLICATION

Name: _____ Phone: _____
Address: _____ Email: _____
City/State/Zip: _____

Contact Preference: PHONE EMAIL

Are you 18 or older?

Might you bring someone who is under 18 to glean with you? Yes No

How would you like to help? Check all that apply.

- On Farm Gleaning
- Farmers Market gleaning
- Volunteer coordinator
- Transportation
- Other:

Do you have a vehicle? Yes No (if yes) can you transport a 10 ft. ladder?

What times are you most available to volunteer?

- Weekday mornings
- Weekday afternoon/evenings
- Weekend mornings
- Weekend afternoon/evenings

Are you willing to be contacted on an "on call" basis, when needed? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

How did you hear about us?

Any other comments, concerns, physical limitations?