



VOLUNTEER APPLICATION

CONTACT INFORMATION

First Name:	Last Name:
Address:	Home Phone:
	Cell Phone:
E-mail:	

INTERESTS

Tell us how you would like to participate as a volunteer with Fair Food. Please check any areas that interest you.

- Farmstand Volunteer:
Can you commit to a regular weekly shift? Y N
- Special Event Volunteer:
- Office Volunteer:
- Pick Up/Delivery Volunteer:
Do you have car/truck/bike? Y N

Do you have any physical limitations? Y N

If yes, please describe: _____

What most interests you about volunteering with Fair Food?

How did you hear about Fair Food?

Do you have any food service or retail experience? Y N

If yes, please describe: _____

What is your current occupation/vocation?

If you could be a type of produce which would you be and why?

EMERGENCY CONTACT

First Name:	Relationship:
Home Phone:	Cell Phone:

Upon completion, please hand this form in to a Farmstand staff member or email to volunteers@fairfoodphilly.org