

# Mahtomedi Area Food Shelf Volunteer Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth date (optional) \_\_\_\_\_

**In what capacities do you/would you like to volunteer at the Food Shelf? (circle all that interest you)**

packer      stocker      distribution      senior social

**Do you/would you like to volunteer:**

\_\_\_\_\_ on a regular basis      \_\_\_\_\_ as needed

**Days available:**

Monday        
Tuesday        
Wednesday        
Thursday        
Friday        
On Call     

**Time available:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

---

*Thank you!*