

# C.R.O.S.S. Center of Benton County Volunteer Application

Any questions call 968-7012 or email

[crosscenter@hotmail.com](mailto:crosscenter@hotmail.com)

Website: [www.foleycrosscenter.org](http://www.foleycrosscenter.org)



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_

Can you lift 25 pounds? \_\_\_\_\_ Do you have any physical limitations? \_\_\_\_\_ If so, please briefly describe below:

When are you available to volunteer? (Please mark with an "X" all that apply.)

**Times:** Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Hours we are open: Mon 1-4, 6-8pm \_\_\_\_\_ Thurs. 10am-3pm \_\_\_\_\_

**Days:** Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_ or Call when Needed \_\_\_\_\_

Can Help with Special Events/Fundraising \_\_\_\_\_

**Months:** Jan \_\_\_\_\_ Feb \_\_\_\_\_ Mar \_\_\_\_\_ Apr \_\_\_\_\_ May \_\_\_\_\_ Jun \_\_\_\_\_ Jul \_\_\_\_\_ Aug \_\_\_\_\_ Sep \_\_\_\_\_ Oct \_\_\_\_\_ Nov \_\_\_\_\_ Dec \_\_\_\_\_ ANYTIME \_\_\_\_\_

List any special skills or experiences you have that may be of use at the food shelf (i.e. accounting, grant writing, computers, gardening)

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

Do you know anyone who volunteers at the Food Shelf? \_\_\_\_\_ If so, who? \_\_\_\_\_

WHEN SIGNING THIS VOLUNTEER FORM, ALL VOLUNTEERS AGREE TO: Treat ALL Clients with respect and dignity Client confidentiality will be respected at all times MUST be willing to be helpful to everyone and treat everyone the same We CANNOT and MUST NOT be judgmental.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed application to: CROSS Center of Benton Co, MN, 150 Fourth Ave., P.O. Box 205, Foley, MN 56329