

C.R.O.S.S. Center of Benton County

Volunteer Application

Any questions call 968-7012 or email: crosscenter@hotmail.com
Website: www.foleycrosscenter.org



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency contact: _____ Phone: _____

Birthdate _____

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