Volunteer Application Form

Date: [SELECT] *\*please mark all checkboxes with an ‘x’, ex: [x]*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: [] Male [] Female

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell: \_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: [SELECT] Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background**

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bachelor’s Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master’s Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Experience**

Have you worked as a volunteer before? [] Yes [] No

If you replied ‘Yes’, please indicate what organization you worked for, your role and a brief job description:

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

**Volunteer at Food Bank Albania**

Why would you like to volunteer at Food Bank Albania?

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

Please indicate the area of work you would like to be involved in by putting an ‘x’ in any of the boxes that interest you:

 [] Warehouse

 [] Office

 [] Computer

 [] Driver - Do you have a driver’s license? [] Yes [] No

 [] Food drives – Warehouse

 [] Food drives – Supermarket

 [] Food drives – Schools

Please indicate the periods of time that are most convenient for you to volunteer at Food Bank Albania by marking an ‘x’ in the time slot that you are available:

|  |  |  |
| --- | --- | --- |
|  | Morning | Afternoon |
| **MONDAY** |  |  |
| **TUESDAY** |  |  |
| **WEDNESDAY** |  |  |
| **THURSDAY** |  |  |
| **FRIDAY** |  |  |
| **SATURDAY** |  |  |
| **SUNDAY** |  |  |

“I agree to be trained and supervised by the staff of Food Bank Albania and to be committed to the activities I sign for.”

[] I agree [] I do not agree

*Please complete this application, save it with your first and last name as the title and send it back as an attachment via email to Food Bank Albania (****info@foodbank.al****)*