FISH VOLUNTEER APPLICATION

Name	
Address	
PhoneEmai	I
Emergency Contact: Name	Phone
Birth month and day:	
Areas of Interest	
Food PantryClothes Room	Data Entry/Computer
Donations Other	
AvailabilityWeeklyMonth	nlyHalf dayFull Day
Which day(s) work best for you?	
Language spoken in addition to English	
How did you hear about FISH?	
List related Work/Volunteer Experience tha	at will be an asset to your work at FISH:
To be completed by Interviewer:	
	Date of Orientation
	nfidentiality Agreement Signed
Assignment(s)	
Full Day1/2 Day	
Comments	