

**Senior Adult Ministry (SAM) at Second Harvest Food Bank (SHFB) 2801 Dairy Drive, Madison, WI**

**Volunteer Application Form**

Date Received: \_\_\_\_\_

(SAM use only)

Report Time is 12:15 pm

Shift Ends at 3:30 pm

The SAM Coordinator will set up the volunteer rosters and notify you accordingly.

Complete Parts 1-3. Assignments will be made starting in March 2026.

Part 1. Please check those boxes that apply to you. **Preference given to volunteers who check more than one box.**

NOTE: The majority of volunteer positions are labeling while either sitting or standing.

- I can lift a 25 pound box and carry it up to 15 feet.
- I can help unload the pallet (includes delivering product to work stations, read can codes, etc.)
- I can affix labels on cans and ingredient labels on packages.
- I can carry a completed 25 pound box from the work station to the pallet builder (up to 15 feet).
- I can read a pallet map and build a pallet of completed boxes weighing 25 pounds.

Part 2. Please check the following date(s) where you are available to volunteer.

- |   |   |
|---|---|
| <input type="checkbox"/> Monday, June 1st       | <input type="checkbox"/> Monday, September 21st |
| <input type="checkbox"/> Monday, June 15th      | <input type="checkbox"/> Monday, October 5th    |
| <input type="checkbox"/> Monday, June 29th      | <input type="checkbox"/> Monday, October 19th   |
| <input type="checkbox"/> Monday, July 13th      | <input type="checkbox"/> Monday, November 2nd   |
| <input type="checkbox"/> Monday, July 27th      | <input type="checkbox"/> Monday, November 16th  |
| <input type="checkbox"/> Monday, August 10th    | <input type="checkbox"/> Monday, November 30th  |
| <input type="checkbox"/> Monday, August 24th    | <input type="checkbox"/> Monday, December 14th  |
| <input type="checkbox"/> Monday, September 14th | <input type="checkbox"/> Monday, December 28th  |

- Put my name on the WAIT LIST if all volunteer slots are full.
- I can only do work that requires sitting.
- I can job share meaning two different positions in same shift.

Part 3. Your contact information.

Your Signature (REQUIRED): \_\_\_\_\_

Your Signature (PRINTED): \_\_\_\_\_

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

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

Your email: \_\_\_\_\_

Your cell phone: \_\_\_\_\_

**Return form in person to Keith or leave in black file basket in the church office just inside the door.**