

CAPSBC FOOD BANK PACKING PARTY

VOLUNTEER GROUP INTEREST FORM

Help the community by preparing resources for families in need! Snacks and Fun will be provided!

1. TELL US ABOUT YOU!

Name of your Group/Organization: _____ **Your location:** _____

What does your organization do? _____

Has your group volunteered with us before? ☐ Yes ☐ No

Contact Person's Name: _____ **Direct Phone #:** _____

Contact Person's Email: _____

How many people will you be bringing? _____ **Age ranges of your team (e.g. 20-50 yrs):** _____

Our policies dictate that volunteers must be at least 18 years old.

2. WHEN CAN YOU JOIN US?

Preferred Day(s) of the Week: *(select all that apply)*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Preferred Time of Day: ☐ Morning (9am–12pm) ☐ Afternoon (1pm–4pm) *(select one or both)*

Or, if you have a specific date(s) and time(s) in mind, please list them here: _____

What are the goals for your group's participation? *(e.g. team building, volunteer hours for a class, etc.):*

3. WHAT ELSE WOULD YOU LIKE US TO KNOW?

Will any members of your team need accommodations when doing physical work?

(If yes, please list what kinds of accommodations you are requesting):

Additional comments or questions:

Your Group's Contact Person should sign here:

Signature of Contact Person

Date

Email a scan of this Form to: **dmitchell@capsbc.org** and a member of our team will be in touch with you soon to discuss details. We thank you for your interest in helping us fight hunger in San Bernardino County!