



VOLUNTEER APPLICATION

Name(s) _____ Member # _____

Phone(s) _____ Email _____

Emergency Contact (name and phone #)

Why do you want to volunteer at Local Roots?

What experience, knowledge, and skills will you bring to LR?

Please circle preferred days and times below; mark X when not available.

	M	T	W	TH	F	SAT
a.m.						
p.m.						

How many hours per week would you like to volunteer? _____

When could you begin? _____ Ending date (if any) _____

Which areas interest you the most? (check all that apply)

- Market Cleaning and Restocking
- Cash Register and Customer Service
- Equipment Maintenance and Repair
- Special Projects or Events
- Other - please describe:

As a volunteer, I pledge to support the mission and policies of Local Roots and to treat everyone at Local Roots with respect.

Signature _____ Date _____