



19279 Watson St Elk River, MN 55330 763-441-1020 fax 763-441-1377 www.caerfoodshelf.net

VOLUNTEER INFORMATION

Thank you for your willingness to serve as a volunteer at the FOOD SHELF. Please fill out the following information and return it to your church coordinator OR mail it to CAER.

Name: _____ E-mail Address: _____

Mailing Address: _____ City: _____ Zip: _____

Phone Number: _____ Cell: _____

Church Affiliation? No Yes If yes, name of church _____

NEW to CAER? Yes No If not, what year did you start? _____ **Student?** Y N **RSVP** volunteer? Y N

Do you have any type(s) of restriction(s) that may affect your ability to volunteer? No Yes Explain: _____

Availability Please indicate the task(s) AND shift(s) you would prefer to volunteer:

Tasks:	Packing grocery orders	Picking up food/product	Front desk duties
Mon 9:45 – 12:30	Mon 12:15 – 3:00	Mon evening 5:45 – 8:00	ANY
Wed 9:45 – 12:30	Wed 12:15 – 3:00	Thur evening 5:45 – 8:00	SUB
Fri 9:45 – 12:30	Fri 12:15 – 3:00		Short notice okay

Task Preference Please indicate any areas of service that might be of interest to you **AS NEEDED**:

Computer: data entry Car CAER (mechanic/one Saturday per month) Solicitation
Sorting clothes: Tuesdays 3 – 6 p.m. Maintenance: repairs/painting/etc. Other: _____

Specific Services Please indicate if you would be interested in assisting with these projects:

HOLIDAY MEALS (packing/distribution): Thanksgiving Christmas Easter
Gift Anonymous (distribution): December **School supplies** (assemble kits): July/August

Special Events Please circle ways in which you could help with these **fundraisers**:

CAER Classic golf tournament: June committee day of the event
Sherburne County fair booth: July committee volunteer at booth sell raffle tickets
Cub food stand: Summer/Fall work a shift

Confidentiality **Please read and sign below:**

I understand that as a volunteer for CAER I need to be respectful concerning the privacy of others. I remember that confidentiality must be used at all times inside **and** outside the food shelf building.

Parent Signature (if volunteer is under 18): _____ Date: _____

Signature: _____ Date: _____