



Merrimack Valley Food Bank, Inc.

735 Broadway Street • Lowell, MA 01854 • tel 978-454-7272 • fax 978-454-1717

Help US... Help OTHERS

Volunteer Application

NAME : _____

ADDRESS: _____

City, State, Zip: _____

DOB _____

Driver's License or State ID # (Need photocopy) _____

License Plate State & # (for parking lot security) _____

Email Address: _____

Phone: Home _____ Work: _____

References (must list at least 2 – one an employer if you work)

1. _____

2. _____

Emergency Contact Information:

1. _____

2. _____

I agree that the above information is correct, and understand that my application is subject to review and approval. I agree to a CORI check if I am being considered as a volunteer for the Mobile Food Pantry to deliver food to clients. We are not responsible for any accidents or injuries.

Signature

Date

Visit our website at www.mvfb.org

MVFB prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, age or disability.