



**Lakeville Resource Center
Volunteer Information Form**

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

What is the best way to reach you? ___ Home ___ Cell ___ Work ___ Email

Are you affiliated with a Church or Organization? ___ Yes ___ No

If so, which Church or Organization? _____

Is your purpose for volunteering to satisfy mandatory community service hours: ___ Yes ___ No

If this is for community service, how many hours do you need to fill? _____

How did you learn about the Lakeville Resource Center? _____

Do you currently receive help from any food shelf? ___ Yes ___ No

Food Shelf Positions – I am interested in the following positions:

_____ **Family Advocate** – Work directly with families to help identify needs and provide other resources and services. Training provided.

_____ **Family Advocate Support** – Answer phones and schedule appointments, data entry and filing. Background check required. Training provided.

_____ **Personal Shopper** – Escort clients through food shelf as they make their grocery selections.

_____ **Stocker** – Record food donations and stock shelves.

_____ **Operations** – Cleaning, garbage & recycling, and assisting in Food Storage area.

Thank you for your interest in volunteering at the Lakeville Resource Center. After completing this form, save it and email as an attachment to info@lakevillerc.org. You will be contacted for an orientation.