Volunteer Application

BASIC INFORMATION			
Last name:	First name:		
Street address:	1 list hanc	Apt #	ANACORTI
City:	State:	Zip:	FOOD COC
Email:			
Home phone:	Cell phone:		
Membership Number			
EMERGENCY CONTACT			
SPECIAL SKILLS or EXH	PERIENCE I can contribute	to the Coop:	
Signature		Date	

All personal information will be kept confidential.

VOLUNTEER AGREEMENT

You are supporting the growth of the Coop, local farms and artisans by volunteering at the Coop. **Thank you!**

I, _	, understand that volunteering at the Coop:
	helps the Coop be successful,
	does not provide any financial benefits or discounts,
	requires me to follow guidance from staff,
	has specific tasks that can be performed while being open to new ideas,
	requires me to bring a positive, friendly, professional attitude,
	may be discontinued at any time by myself or Coop staff,
	and is not a promise for future paid work at the Coop.

Volunteers who will handle grocery products require Food Handler Permit.

[] Permit completed

Anacortes Food Coop, 2308A Commercial Avenue, Anacortes WA 98221 www.anacortesfoodcoop.com 360-299-3562