



AFAC Volunteer Profile

Arlington Food Assistance Center, 2708 S. Nelson St., Arlington, VA 22206
(703) 845-8486, fax (703) 845-8491, www.afacinfo.org, volunteer4afac@aol.com

Today's Date _____

Ms / Mr / Mrs _____
(First Name) (Last Name)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Employer _____ Position _____

Emergency Contact _____ Phone _____

If you volunteer with a group, Group Name _____

Name of Group Coordinator _____

How did you hear of AFAC? _____

Are you a student? YES NO

If yes and you are under 18, please specify age _____

Areas of Interest (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Warehouse (sorting, packing & bagging food) | <input type="checkbox"/> Food Distribution |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Driving (food pick-ups) |
| <input type="checkbox"/> Committees (Development or Public Relations) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Maintenance/Repairs | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Gardening (Plant-a-row) | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Gleaning (harvesting produce from area farms) | |

Skills (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Construction | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Repair/maintenance | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Food Management | <input type="checkbox"/> Videography | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> MS Access | <input type="checkbox"/> Web development |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Research | |

Other _____

Are you fluent in languages other than English? Please list: _____

Physical limitations – Much of our work involves lifting and standing. Do you have any limitations or concerns about which we should know? _____

Availability (please check all that apply)

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Once a week Monthly Short notice Daytime Evening

Service Requirement

Court ordered School requirement Hours to complete: _____ Date required by: _____

For office use

Assignment _____ Date _____