

This portion for office use only  
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Contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Missoula Food Bank Group Volunteer Application

{Please Print Clearly}

**Group Name:** \_\_\_\_\_

**Primary Contact Person:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**E-Mail:** \_\_\_\_\_

**Group Type:**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Agency      |
| <input type="checkbox"/> Service   | <input type="checkbox"/> Business    |
| <input type="checkbox"/> School    | <input type="checkbox"/> Other _____ |

**How many group members do you have? (Note: we generally cap group size at 20).**

\_\_\_\_\_

**How old are your group members?** \_\_\_\_\_

**For groups whose members are under 18 years old, we ask that there be one adult for every 8 minors. If your group members are under 18, how many adults will come with your group?** \_\_\_\_\_

**Please indicate days and times you are available to volunteer** (we will accommodate your preferences when possible; please keep in mind that our group scheduling is dependent upon day-to-day operations and other regularly-scheduled volunteer shifts):

\_\_\_\_\_

**Are there any limitations we should know about?** \_\_\_\_\_

**What does your group hope to gain from this volunteer experience?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Group Leader Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_