**Desert Mission Food Bank Volunteer Group Activity Document**

*By signing this form each volunteer agrees they are over 16 years of age.*

*The volunteers acknowledge that they will be working in a warehouse environment with box cutters and other equipment. Volunteers are also required to wear closed toed shoes and practice safe handling of all equipment. If an injury occurs, the staff may provide limited first aid or recommend own doctor or ER visit.*

**Date of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time Arrived:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name of Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff Lead:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scheduled # of Volunteers:** \_\_\_\_\_\_\_\_\_ **Actual # of Volunteers:** \_\_\_\_\_\_\_\_\_ **Helpers:** \_\_\_\_\_\_\_\_ **Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Activity:  Total Weight:  Total Bins: | Activity:  Total Weight:  Total Bins: | Activity:  Total Weight:  Total Bins: | Snack Pac Bags:  Total Weight:  Total Bins: |

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| **Volunteer Name** | **Street** | **City** | **State** | **Zip** | **Email** | **Phone** |
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| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |