



Is Your Agency in Need of Volunteers?

The CAFB Volunteer Program would like to be of assistance to our member agencies by providing quality volunteer support. We would also like to ensure that volunteers are placed at agencies that will provide an engaging volunteer experience. Please complete this application to be considered for the agency referral program.

Please email completed form to volunteer@capitalareafoodbank.org or fax to 202-529-1767.

Agency Name: _____					
Circle Agency Type:	Pantry	Soup Kitchen	Shelter	Kids Cafe	Other
Address: _____	City & Zip Code: _____				
Contact Name: _____	Phone #: _____				
Email: _____					
Onsite Parking: _____	Metro accessible: _____				

Please indicate your needs:

Circle days needed: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours needed: _____ **Minimum Age:** _____ **Maximum group size:** _____

Do you require a long-term commitment from volunteers? _____

Specific language requirements (circle): English Spanish Other: _____

Requirements: Are there any physical requirements? _____

Other volunteer requirements? _____

Any specific volunteer skills needed (administrative, food preparation, driving etc.)?



Additional Needs- Holiday Events, Special Events, and/or one time volunteer projects:

Please list all information below including dates, times, contact, project type etc.

Additional questions:

1. What tasks will be performed by volunteers at your agency? _____

2. Who will be leading and coordinating the volunteer activities from your agency? _____

3. How do you plan to train volunteers? Do you have a formal orientation process for volunteers? _____

4. Can you guarantee that all volunteers will have work to do for the entire scheduled time?

5. What steps do you plan to take to ensure all volunteers have an engaging and meaningful volunteer experience at your site?
