

Countryside Co-op Volunteer Form

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|-----------------------------|--|
| Member Number: | Name: |
| Contact Phone: | Email: |
| Available year-round? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Preferred Days to Volunteer | <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday |
| Activities* | <input type="checkbox"/> Cashier <input type="checkbox"/> Spices <input type="checkbox"/> Cheese <input type="checkbox"/> Truck |

*All volunteers will be trained as packer/stocker

Remarks: _____

Office Use Only: Entered in database? _____ Training Date? _____