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850-244-0778  
126 Beal Parkway SW • Fort Walton Beach, FL 32548

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**SHARING & CARING VOLUNTEER FORM**

DATE\_\_\_\_\_

NAME\_\_\_\_\_

**VOLUNTEER AREAS OF INTEREST (Please check all that apply)**

\_\_\_\_\_INTERVIEWER    \_\_\_\_\_FRONT DESK    \_\_\_\_\_PANTRY WORKER

**DAYS AVAILABLE TO VOLUNTEER (Please check all that apply)**

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

Are you available to work 9:00 a.m. – 12 noon, the hours Sharing & Caring currently is open to the public?    \_\_\_\_YES \_\_\_\_NO

Would you be available for other hours if special events occur, or our open hours expand?  
\_\_\_\_YES. \_\_\_\_NO \_\_\_\_MAYBE

Please list if there is any foreign language(s) you have proficiency in: \_

\_\_\_\_\_

How did you hear about Sharing & Caring as a volunteer opportunity?

\_\_\_\_\_

**YOUR CONTACT INFORMATION:**

Cell Number\_\_\_\_\_ Home Number \_\_\_\_\_

Email\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

**For your benefit, please provide the name and phone information of the person to be contacted in case of an emergency while volunteering:**

Name\_\_\_\_\_

Relationship\_\_\_\_\_Phone\_\_\_\_\_