



Fresh2You *Taste It!* Volunteer Training Application

Are you available to attend a volunteer training on Saturday, May 20 from 10 am to 12 pm?

Yes _____ No _____

Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

1. Briefly describe your cooking experience:

2. Would you be comfortable talking to strangers about the food you are making and encouraging them to try samples? Yes _____ No _____

3. Please check the market locations to which you are willing to travel?

West Chester _____ Phoenixville _____ Honey Brook _____ Oxford _____ Kennett Square _____
Parkesburg _____ Coatesville _____

4. Do you have any medical conditions that could limit your volunteer ability? _____

5. Approximately how many pounds do you feel comfortable lifting? _____

6. What days are you available to volunteer on a weekly basis? Check all that apply.

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday AM | <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Friday AM |
| <input type="checkbox"/> Monday PM | <input type="checkbox"/> Wednesday PM | <input type="checkbox"/> Friday PM |
| <input type="checkbox"/> Tuesday AM | <input type="checkbox"/> Thursday AM | <input type="checkbox"/> Saturday AM |
| <input type="checkbox"/> Tuesday PM | <input type="checkbox"/> Thursday PM | <input type="checkbox"/> Saturday PM |

7. Please include anything else you'd like us to know about your interest in volunteering: