



### Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Why do you want to volunteer for CISA?

How did you hear about CISA?

Past Volunteer Experience: (Include agency/organization and type of work)

What type of work would you like to do here?

- Special Events
- Mailing
- Research

- Programs
- Tabling
- Other--Please explain: \_\_\_\_\_

What skills, training or experience do you have?

Please list current/previous employer:

Please mail this completed form to:

Jennifer Williams  
CISA  
One Sugarloaf Street  
South Deerfield, MA 01373

jennifer@buylocalfood.org  
Phone: 413-665-7100  
Fax: 413-665-7100