

Walla Walla
Community
Harvest



VOLUNTEER APPLICATION

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____

Contact Preference: PHONE EMAIL

Are you 18 or older? _____

Might you bring someone who is under 18 to glean with you? _____

How would you like to help? Check all that apply.

- ☐ On Farm Gleaning
- ☐ Farmers Market gleaning
- ☐ Volunteer coordinator
- ☐ Transportation
- ☐ Other: _____

Do you have a vehicle?____ (if yes) Can you transport a **produce** or **tools**? _____

What times are you most available to volunteer?

- ☐ Weekday mornings
- ☐ Weekday afternoon/evenings
- ☐ Weekend mornings
- ☐ Weekend afternoon/evenings

Are you willing to be contacted on an “on call” basis, when needed? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

How did you hear about us? _____

Do you have any medical conditions we should know about?

Any other comments, concerns, physical limitations?