

Countryside Co-op Volunteer Form

www.countrysideco-op.com

Name: _____ Member Number _____
(please print)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Preferred Days to Volunteer: (circle all that applies)

Monday - Wednesday - Thursday - Friday - Saturday AM - any day

Comments: _____

Preferred Activities: (circle all that apply)

Packing Stocking Shelves Spice Counter Bagging at checkout

Unloading Trucks Cheese Cutter Cashier (training) All Activities

Comments: _____
