

Availability:

Sun: _____

Mon: _____

Tue: _____

Wed: _____

Thur: _____

Fri: _____

Sat: _____

Are you able to lift heavy objects? _____

Are there any tasks for which you need special assistance? _____

(This does not disqualify you!)

THANKS FOR APPLYING

FOOD COOP DISCOUNT EMPLOYEE

Name: _____ Today's Date: _____

Phone: _____ E-Mail: _____

Are You A Member of the Coop? _____

What Else Do You Do? _____

Why Do You Want to Work for Free? _____

Work Related References (name & contact info)

1. _____

2. _____

3. (optional) _____