



Working Member Application

Welcome to the Working Member Program at Northwind Natural Food Co-op. Thank you for choosing to help strengthen your co-op, community and yourself!

Name: _____ Application Date: _____

Address: _____

Email: _____ Phone: _____

What days and times are best for you?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Day							
Eve							

In what months can you volunteer?

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Month												

Are you member of NNFC? ____ Yes ____ No

Why did you join? _____

Skills and Experience

Have you ever worked or volunteered at a co-op or in retail grocery? Where?

Please indicate if you have any of the following skills or experience and where you gained the skills from:

Customer service	Produce preparation
Natural foods	Nutrition and wellness
Food service	Computer skills
Retail experience	Cooperatives
Data entry	Public speaking

Please check which of the following you would be interested in helping us with:

- Delivery Day
- Cleaning
- Community Involvement at local events
- Teach a Class
- Cooperative Outreach & Public Relations
- In-store Demonstrations
- Office & Organizing
- Grant Writing
- Manual Labor
- Graphic Design / Brochures & Flyers
- Creative Support
- Website Design / Management

Are there any other skills you could share with the Co-op?

What is your motivation for working in the store?

Is there a time limit you will be with us? _____

Are there any friends or family members who might be interested in volunteering with you?

Emergency Contact:

Name: _____

Relationship to you: _____

Phone number: _____