SEASONAL WORKER INFORMATION FORM
(PLEASE PRINT)

First Name_____Last Name_____

Total in your household*? _____.

How long will you be in our region? _____weeks _____months

ADDRESS where you live_____ Apartment number _____

Town _____ State _____ Zip _____

PHONE _____ EMAIL _____

WHERE DO YOU WORK? _____

If needed, who can pick up for you?_____

OTHER HOUSEHOLD MEMBERS
(PLEASE PRINT)

Full Name _____ Gender _____

Full Name _____ Gender _____

Full Name _____ Gender _____

Full Name _____ Gender _____

Full Name _____ Gender _____

Please use back of this paper if needed for additional household members

*** people with whom you share a kitchen**