



VOLUNTEER INFORMATION

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL: _____

BIRTHDATE: _____

AVAILABILITY Please complete for all days that you are available

DAY	TIME(S)	FREQUENCY (I.E. EVERY WEEK, ONCE A MONTH, ETC.)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Additional Comments:		

INTERESTS

Please check all the volunteer roles/responsibilities that interest you.

**Refers to roles that require you to be available during program operation from _____ to _____*

- GROCERY SHOPPER
- MORNING FOOD PREP*
- SERVING/CLEAN UP*
- FUNDRAISING
- MENU PLANNING
- COMMITTEE MEMBER
- REPORT WRITER
- OTHER: _____
- PREP CHEF
- SPECIAL ACTIVITIES PLANNING TEAM
- SPECIAL ACTIVITIES COORDINATOR*
- GREETER/SUPERVISOR*
- FOOD SAFETY AMBASSADOR
- COMMUNICATIONS
- TREASURER
- HEAD VOLUNTEER (RECRUIT/MANAGE)



VOLUNTEER INFORMATION

SKILLS AND BACKGROUND

Please tell us more about yourself including any special skills, hobbies or interests

ALLERGIES OR FOOD SENSITIVITIES

Please tell us about any allergies, medical conditions, and/or food sensitivities or restrictions pertinent to this position

EMERGENCY CONTACT INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY

- RECENT CRIMINAL REFERENCE CHECK COMPLETED AND ON FILE. EXPIRES: _____
- VOLUNTEER ORIENTATION COMPLETED. DATE: _____
- PRINCIPAL/ADMINISTRATIVE APPROVAL