

Volunteer Information Sheet

Name _____

Address _____

Phone _____ May we Text? Yes or No _____

Date of birth _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Any medical conditions/concerns which we should be aware of _____

Available days/times _____

Where would you like to serve?

Assist cook _____

Clean up dining area/bathrooms _____

Clean up kitchen _____

Pick up food donations _____