



# Volunteer Application

## Contact Information

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

## Placement Preferences

Check the days you can volunteer and the frequency:  Monday  Tuesday  Wednesday  Friday

Frequency:  Every Week  1x Month  2x Month  3x Month  Flexible

Circle the general timeframe range(s) that you are available to volunteer:

Mornings (9am-noon) Early Afternoon (noon-3pm) Late Afternoon (3pm-6:30pm) Evening (6:30-8pm) Flexible

Check the task/responsibility categories you prefer. Not all choices may be available for the day and time slot you require or the position may be already staffed.

- Pick UP/Deliver Food Donations (requires car and may involve heavy lifting)
- Set Tables (Cups, Napkins, Plasticware)
- Set Up Tables/Chairs (involves heavy lifting)
- Sort/Store Food Donations
- Transfer food & supplies upstairs (involves heavy lifting)
- Pack up meals for takeout
- Chef/Cook
- Prep Food
- Serve Guests
- Clean up Team
- Other \_\_\_\_\_

## Additional Information

List skills/experience

(e.g., cooking for large groups, foreign language, CPR, Suffolk County Dept. of Health Food Manager Certificate)

How did you learn about volunteering at Welcome Friends?

Have you ever been convicted of a crime?  No  Yes - If yes, please provide the following information:

Nature of the offense: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of the case \_\_\_\_\_

By signing below, I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE - Persons with allergies/sensitivities to certain foods are cautioned that Welcome Friends cannot guarantee that donated and purchased food does not contain ingredients, for example, nuts and glutsens, that may cause adverse reactions.