



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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Pick UP/Deliver Food Donations
(requires car and may involve heavy lifting) | <input type="checkbox"/> Sort/Store Food Donations | <input type="checkbox"/> Chef/Cook |
| <input type="checkbox"/> Set Tables (Cups, Napkins, Plasticware) | <input type="checkbox"/> Transfer food & supplies upstairs
(involves heavy lifting) | <input type="checkbox"/> Prep Food |
| <input type="checkbox"/> Set Up Tables/Chairs (involves heavy lifting) | <input type="checkbox"/> Pack up meals for takeout | <input type="checkbox"/> Serve Guests |
| | | <input type="checkbox"/> Clean up Team |
| | | <input type="checkbox"/> 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 gluts, that may cause adverse reactions.