

Gilmore Park Community Meal

Volunteer Application Form

Date Submitted:

Received by:

Name		School & Grade	
*Parent/Guardian's Name (if you are under 19)		Age (If under 19)	
Email		Phone (day) (Evening)	
Mailing Address			
Emergency contact	Name	Relationship	Phone
1. How often will you be able to come? (e.g. every week, every other week, once a month...)			
2. Are you volunteering here for community participation, or for school volunteer hours?			
3. What languages do you speak?			
4. How did you hear about this Community Meal?			
5. Do you have any other certification relevant to our meal?			
	Foodsafe certificate (current)	Yes/ No	
	First Aid certificate	Yes/ No	
	Other		
6. Have you received and read the Volunteer Guide? Yes / No			
7. Which tasks would you be interested in doing, or be willing to do? Some of the tasks are:			
	Kitchen prep:	1:30-5:00	
	Table setter:	3:00-4:00	
	Servers:	5:00-6:15 (could also involve room clean up)	
	Room clean up:	6:05 -6:30	
	Kitchen clean up and dishes:	5:00- 6:00 or 6:00 -7:30	
8. Two references:			
1) Name:		Phone (day):	
		(night):	
2) Name:		Phone (day):	
		(night)	