



VOLUNTEER APPLICATION

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

VOLUNTEER PREFERENCES:

Do you prefer working: Alone In Small Groups (2-6) In Large Groups (6+)

Interested in volunteering: At Mealtimes Behind the Scenes At Public Events

When are you available? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING (11:30am-1:30pm)					
AFTERNOON (1:30pm-4:00pm)					
EVENING (4:00pm-6:00pm)					

Do you have specific times/days that interest you the most? _____

Which volunteer opportunities interest you the most? (Check all the apply):

- Food Preparation and Meal Service
- Cleaning/ Sanitization Project
- Lead Fellowship Friday Service
- Special Event at UGM
- Food Rescue Transportation
- Special Event on behalf of UGM

EMERGENCY CONTACT:

Emergency Contact: _____ Phone: _____

Do you have any physical limitations (sit, stand, bend, lift, etc.)? Yes No

If yes, please describe: _____

COMMUNITY SERVICE (COMPLETE IF APPLICABLE):

Looking to complete community service hours? Yes No

If yes, how many hours: _____ Are the hours: Court Ordered School Related Other