

COVID-19 Feeding Volunteer Application Form

Date _____

Name _____

Address _____

Phone _____ E-mail _____

Previous Volunteer Experience _____

Languages Spoken _____

Emergency Contact Name _____

Relationship _____ Phone Number _____

Do you have reliable transportation? Yes No

Do you have any physical conditions that may limit your ability to serve? Yes No

If yes, please describe _____

Availability Mornings (Mon-Fri) Afternoons (Mon-Fri) Once Weekly
 One time only As needed
 More than once a week – please specify days & times _____

 Other _____

Service Areas Unloading deliveries Preparation of food boxes
 Bulk food shuttling Individual meal deliveries
 Meal delivery routes