



Volunteer Form

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Date of Birth: _____

Email: _____

Emergency Contact Name: _____

Relation: _____ Phone Number: _____

Why would you like to volunteer here? _____

Please check opportunities that interest you:

Kitchen (Approx 7:30 a.m. – noon)	<input type="checkbox"/>	Boardwriting (Approx 7 a.m. – noon)	<input type="checkbox"/>
Server (Approx. 11:00 a.m. – 12:45 p.m.)	<input type="checkbox"/>	Delivery Manager (11:00 a.m. – 1 p.m.)	<input type="checkbox"/>
Driver (Approx. 11:00 a.m. – 12:45 p.m.)	<input type="checkbox"/>	Clerical (Various)	<input type="checkbox"/>
Sunshine Committee (Various)	<input type="checkbox"/>	Fundraising (Various)	<input type="checkbox"/>

Availability:

Monday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	On call	<input type="checkbox"/>

Do you have a reliable car?	<input type="checkbox"/>
Are you good driver?	<input type="checkbox"/>

Skills and certifications: _____

Other organizations you belong to: _____

Thank you for your interest!

Please return this form to KenTon Meals on Wheels ~ 169 Sheridan Parkside Drive ~
Tonawanda ~ NY ~ 14150