

Freely we Receive, Freely we Give

Volunteer Application

Contact Information (Please Print Clearly) _____ State: _____ Zip: _____ Phone: (Home) (Cell)_____ (Fax)____ E-Mail Address: Preferred form of contact: ___ E-mail ___ Telephone (Circle One: Home, Cell or Work) ___ U.S. Mail Are you at least 18 years of age? ____Yes ___No *Please note if volunteers are under the age of 18 they may need to be accompanied by a parent or guardian. **Emergency Contact Information** Name: Relationship: Phone: (H) (W) (C) **Current Occupation** Full Time Part Time Retired Student Unemployed Other: Position Title:_____ If retired, please list your former employer: _____ Previous Volunteer experience(s) listing what organization it was with and what you did: Please provide a minimum of 2 references we may contact. Include name, phone number and email address.



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Interests and Hobbies:
And you a manufact of and of any markers Chaushas on Oppositations?
Are you a member of one of our partner Churches or Organizations?
NoYes, which one?
Do you speak any second languages fluently and if so which languages?
Do you have any physical disabilities or health concerns which would prevent you from performing certain voluntee tasks?
NoYes, please describe
Which program(s) are you applying to volunteer with?
Monday MealFood Shelf (Tuesday)Wednesday Meal (Summer) Donation Sorting
Produce Distribution (Aug. & Sept.) Food Rescue - Circle Choice(s): Tuesday, Thursday, Saturday
Which program task(s) are you interested in assisting with?
Setup for meals (Tables, chairs, tents, etc.)
Meal preparation assistant (Tray desserts, repackage bread, etc.) Serving at meals (Food, beverages, etc.)
Clean up after meals (Put away tables, chairs, tents, etc.)
Food Shelf attendant
Food Rescue (Picking up & Delivering to Open Hands using your personal vehicle, sorting food) Donation Sorting
Produce Distribution (Set up, assist at event, clean up)

2 of 3 2019

Please return to: Open Hands Midway

436 Roy St. N St. Paul, MN 55104

Email: info@openhandsmidway.org



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ricase help as in our re	ecruitment efforts by telling us how you heard	d about our volunteer opportunities:
= =	e facts set forth in this application are true an leting this application does not ensure volunte	
Signature of Applicant:		Date:
This information is u	sed for tracking and/or recognition.	
This information is u	sed for tracking and/or recognitionNative American/Alaskan Native	African American