



Freely we Receive, Freely we Give

Volunteer Application

Contact Information (Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

(Work) _____ (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: _____

Company Name: _____ 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: _____

Are you a member of one of our partner Churches or Organizations?

☐ No ☐ Yes, 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 volunteer tasks?

☐ No ☐ Yes, please describe _____

Which program(s) are you applying to volunteer with?

☐ Monday Meal ☐ Food Shelf (Tuesday) ☐ Wednesday Meal ☐ Donation Sorting
☐ Produce Distribution (Aug. & Sept.) ☐ Food Rescue - **Circle Choice(s):** Tuesday and/or Thursday

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)

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2020

Please return to: Open Hands Midway
436 Roy St. N
St. Paul, MN 55104
Email: info@openhandsmidway.org



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Please help us in our recruitment efforts by telling us how you heard about our volunteer opportunities:

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that completing this application does not ensure volunteer placement.

Signature of Applicant: _____ Date: _____

This information is used for tracking and/or recognition.

___Caucasian	___Native American/Alaskan Native	___African American
___Hispanic	___S.E. Asian/Pacific Islander	___Other:_____

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