



VOLUNTEER AGREEMENT

The Children's Hunger Project

1855 West King Street, Cocoa, FL 32926

321.610.1900

www.thechildrenshungerproject.org

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

CELL PHONE: _____ HOME OR ALTERNATE PHONE: _____

EMAIL: _____ WEBSITE (if applicable) _____

BIRTHDAY (MO/DAY): _____ ARE YOU A STUDENT? Yes No SCHOOL: _____

EMERGENCY CONTACT NAME: _____ CONTACT PHONE: _____

CURRENT EMPLOYMENT, IF APPLICABLE:

Position/Title _____ Company/Employer _____

Address _____

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experience: _____

VOLUNTEER PREFERENCES:

- PACKING FOOD TRAYS WEEKLY SCHOOL DELIVERIES
 OFFICE/CLERICAL WORK PUBLIC SPEAKING
 NEWSLETTER OR WEBSITE SPECIAL EVENTS/FUNDRAISING
 FOOD SUPPLY PICK-UP/UNLOADING

IF DRIVING FOR DELIVERIES FOOD SUPPLY PICK-UP OR UNLOADING:

Do you have a driver's license? Yes No

Do you have car insurance? Yes No

Signature _____ Date _____

OFFICE USE ONLY

FOR OFFICE USE ONLY

Posted By: _____

Date: _____