



**VOLUNTEER AGREEMENT**  
**The Children's Hunger Project**  
www.thechildrenshungerproject.org

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Or Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (Mo/Day): \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Company/Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Please describe your prior volunteer experience: \_\_\_\_\_

How Did You Hear About Us? (Checkbox - Affiliation - Church, Company, Group, School)

Other \_\_\_\_\_

### **VOLUNTEER PREFERENCES**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>PACKING FOOD PACKAGES</b>  | <input type="checkbox"/> <b>WEEKLY FOOD DELIVERIES</b>     |
| <input type="checkbox"/> <b>OFFICE/CLERICAL WORK</b>   | <input type="checkbox"/> <b>PUBLIC SPEAKING</b>            |
| <input type="checkbox"/> <b>NEWSLETTER OR WEBSITE</b>  | <input type="checkbox"/> <b>SPECIAL EVENTS/FUNDRAISING</b> |
| <input type="checkbox"/> <b>EVENT SET-UP/TEAR DOWN</b> |  |

### **VOLUNTEER AVAILABILITY**

DAYS OF THE WEEK:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

HOURS AVAILABLE:  Mornings  Afternoons  Evenings

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Posted By: \_\_\_\_\_

Date: \_\_\_\_\_