

## A WAVE of Healthy Meals Volunteer Application

**Our nonprofit encourages the participation of volunteers who support our mission. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our foundation!**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

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### SKILLS & EXPERIENCE

*Any special talents or skills you have that you feel would benefit our organization?* \_\_\_\_\_

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*Interests: Please tell us in which areas you are interested in volunteering*

\_\_\_\_\_ *Administration: (typing recipes, schedule templates)*

\_\_\_\_\_ *Events: Hosting a fundraiser*

\_\_\_\_\_ *Program: (grant writing, brochure creation)*

\_\_\_\_\_ *Fundraising: Handing out cards, flyers*

\_\_\_\_\_ *Delivery Angels (delivering meals to cancer patients)*

\_\_\_\_\_ *Kitchen (Food handlers must have Serv Safe Food Handler Certification.)*

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<http://www.delawarerestaurant.org/education/servsafe/servsafe-food-handler-training> *Self paid \$15.00*

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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**Will you be available every Wednesday ?** \_\_\_\_\_

**Youth Chef (Shifts are two hours) AGE:** \_\_\_\_\_

*Chef Mentor 9-2 (most shifts are 2 hours) Delivery Drivers (approximately 12pm-2pm )* No \_\_\_\_\_ Yes \_\_\_\_\_

*Please read the following carefully before signing this application:*

**I understand that this is an application for and not a commitment or promise of volunteer opportunity. As a volunteer of A WAVE of Healthy Meals organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, and its affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_