

## EXPECTING RELIEF VOLUNTEER INTAKE FORM

Date:		
Name:		
Address:		
E-mail:		
Phone number: ()	_ Is this a cell phone?	Yes No
ı	If yes, can we text you? _	Yes No
Are you 18 years old or over? Yes No	)	
Birthday (dd/mm/yyyy):		
	<del></del>	
Are you a current part-time or full-time student?	•	
High School College Grad Schoo	I Not a current stud	ent
11 did h h h h h h h h h h h h h		
How did you hear about volunteer opportunities		
Advertisement Current Volunteer	School	
Friend/Family/Colleague HungerVolu	unteer.org	
Expecting Relief website Social Me	edia	
Other (Please describe:		
What time are you most available to volunteer?		
Mornings Afternoons Evenings		
Weekdays (circle which days: M T W Th	F)	
Weekends (circle which days: Sa Su)		

## Why are you interested in volunteering with Expecting Relief?

Do you speak more than one language? Yes No  If yes, what languages?				
What skills would you like to practice, sharpen, or develop as a volunteer? What skills could you contribute as a volunteer?				
What volunteer roles are you most interested in?  Community Outreach On The Go Relief mobile food pantry				
<ul> <li>Administrative support – filing, mailing, phone calls, etc.</li> <li>Help with special events – e.g. community baby shower fundraiser</li> <li>Diaper Relief</li> <li>Fundraising/Corporate partnerships</li> </ul>				
Emergency Contact: In the event of an emergency, whom should we contact?				
Name:				
Phone:				
Relationship:				
I certify that the information provided on this form is true and accurate.				
I hereby grant Expecting Relief permission to contact references given above as needed for plac	ement.			
I understand that I will not be paid as a volunteer and agree to abide by all rules and regulation Expecting Relief.	is of			
Signature: Date:				