



2009

Deseronto Community Meal Program
Volunteer Information Form

Volunteer:

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____ E-mail: _____

When would best time to reach you? a.m p.m

Emergency Contact:

Last Name: _____ First Name: _____

Phone Number: _____

Volunteers are needed for many duties throughout the day leading up to the meal as well as during. When would you be available to volunteer? (please circle how and when you would be interested in volunteering)

-Promotions (please state when you would be available to donate your time) _____

-Planning from 2:00pm – 3:00 pm or earlier -Food Preparation from 3:00pm – 4:00pm

-Serving from 5:00 pm – 6:00pm -Food Preparation from 4:00pm – 5:00pm

-Serving from 6:00pm – 7:00pm -Meal Clean Up / Washing from 7:00pm – 8:00pm

Do you have any Allergies or medical conditions we should be aware of? Yes No

If so please specify: _____

Please complete this form and drop it off at the Deseronto Town Hall