

- Liability Form
- Work Schedule
- Phone List

- Medical Release Form
- All Volunteer Database
- Birthday List

- Name Tag
- Email List
- Disc Date List



Community Mission of Hope Volunteer Information Sheet

Name: _____

Street Address: _____

City: _____ Zip: _____

Home Phone #: (_____) _____ Cell#: (_____) _____

Email Address: _____ DOB (mm/dd/yyyy): _____

Prefer contact by: home phone cell phone email text

Emergency Contact: _____ Phone #: (_____) _____

Emergency Contact: _____ Phone #: (_____) _____

Occupation (Past or Present): _____

Experience: _____

Special Needs: _____

(Check if applicable) Diabetic High Blood Pressure List Other: _____

Special Instructions: _____
i.e. lifting, etc.

Days Available: _____

Hours Available:

- Warehouse Team: Wednesday 9:00 am - 11:30 am
- Distribution Team: Monday, Wednesday & Friday 10:00 am - 1:00 pm
- Client Mentor Team: Monday, Wednesday & Friday 10:00 am - 1:00 pm (additional hours available)
- Fresh Rescue/Truck Driver: Hours vary

Start Date: _____

Signature: _____ Date: _____

Notes: _____

