VOLUNTEER APPLICATION



			Please Cho	ose: Adult:	Minor:
Name	FIRST	, LAST			
Address	s				
			_		
	City	State	Zip		
Phone (()	Email			
May we	text you if needed? C	ell#			
EMERGI	ENCY CONTACT NA	AME:	Pho	ne#:	
What a	re your hours of av	ailability? Weekdays	Saturdays	Special Ev	ents
l am vo	lunteering for:				
Have you	ou ever been conv	e community service (Please to victed of a crime? [If yes, iction and disposition.] Coeer work.	please explain to	the nature or rime is NOT (of the crime an automatic
	nformation: (if applie	cable) 	ed Contact perso	ın'	
	references	besigner	ea comaci perse	111.	
		taurant before? Yes	No What Cap	acity?	
· ·		y (check all that apply):		,	
Kitch	en Prep Dining F	Room ServiceCustodial	Work Dishwash	nerWher	ever needed
•	,	l skills or talents that you are	•	ıt the café? F	Please

I have read and understood th	ne following café policies.	
Volunteer Handbook INITIAL By initialing this page, I agree to Community Café's Volunteer I	that I have read, understood	
Cancellation Policy INITIAL By initialing this page, I agree to Café's Cancellation Policy.		and will comply with Knead
Dress Code Agreement INITIAL By initialing this page, I agree to Café's Dress Code Policy.		and will comply with Knead
	VOLUNTEER AGREEMENT	
me as a Knead Cafe voluntee including the acceptance of begin volunteering. By signing	er, and that there may be cer established volunteer policies below, I am also giving Knec he day's activities for promotic	m does not automatically register tain qualifications I must meet, and procedures before I may ad Café the right to take and use anal purposes. By signing this form, rue and accurate
Print Name	Signature	// Date
*(<u>If under 18</u> , a parent/guardic <u>If under 16</u> volunteer must be a	_	nd fill out a Minor Waiver Form. uardian at all times.)
Parent: Print Name	Parent Signature	// Date