VOLUNTEER APPLICATION



		Please Choose: Adu	lt: Minor:
Name FIRST	, LAST		
Address			
City	State	Zip	
Phone ()	_Email		
May we text you if needed? Cel	#		
EMERGENCY CONTACT NA	ME:	Phone#:	
What are your hours of avo	ilability? Weekdays	_ Saturdays Spec	cial Events
I am volunteering for:			
 In exchange for a m Donation of my time Court mandated con Have you ever been convident of the date of the of the date	mmunity service (Please fill o cted of a crime? [If yes, ple ction and disposition.] Con	ease explain the nat viction of a crime is	ture of the crime <u>NOT</u> an automatic
Group Information: (if application)		Contact person:	
Work Preferences			
Have you worked in a resto If possible, I would prefer to help by		What Capacity?	
Kitchen Prep Dining Ro	oom ServiceCustodial Wo	rk Dishwasher	Wherever needed
Do you have any additional explain:	,	illing to share at the co	afé? Please

I have read and understood the following café policies.

Volunteer Handbook INITIAL

By initialing this page, I agree that I have read, understood and will comply with Knead Community Café's Volunteer Handbook Policies and Procedures.

Health Policy Agreement INITIAL

By initialing this page, I agree that I have read, understood and will comply with Knead Café's Health Policy.

Dress Code Agreement INITIAL____

By initialing this page, I agree that I have read, understood and will comply with Knead Café's Dress Code Policy.

VOLUNTEER AGREEMENT

I understand and agree that submitting this application form does not automatically register me as a Knead Cafe volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering. By signing below, I am also giving Knead Café the right to take and use photos/videos taken during the day's activities for promotional purposes. By signing this form, I attest that the information I have provided on the form is true and accurate

Print Name

Signature

/____/___ Date

*(<u>If under 18</u>, a parent/guardian must sign this document and fill out a Minor Waiver Form. <u>If under 16</u> volunteer must be accompanied by a parent/guardian at all times.)

Parent: Print Name

Parent Signature

Date

Rev. 7/1/2020