



# Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

## Education (check highest level completed):

Junior High    High School    Some College    College Degree    Graduate Degree    Doctorate

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Employment History

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## Medical History

Do you have any of the following medical conditions (check all that apply):

Hepatitis A    Salmonella Typhi    Shigella    Tuberculosis    Escherichia coli 0157:H7    Norovirus  
Diabetes    AIDS/HIV    Hemophilia    Jaundice    Diarrhea    Vomiting    Sore Throat w/Fever

Heart Attack (when: \_\_\_\_\_)    Stroke (when: \_\_\_\_\_)    Fainting Spells (when: \_\_\_\_\_)

## Volunteer Availability (check all that apply):

Noon to 2 p.m.    2 to 5 p.m.    5 to 8 p.m.

Monday    Tuesday    Wednesday    Thursday    Friday

**Turn Over →**

**Volunteer Positions** (check all areas of interest):

Cook   Server   Cleaning   Delivery Driver   Maintenance   Board Member   Committee Member

Do you have a current Food Handlers License from the Kalamazoo County Health Department? Yes No  
If "yes" please provide date of completion: \_\_\_\_\_.

**Criminal History**

Have you ever been arrested?   Yes   No   If "yes" what type?   Felony   Misdemeanor

Were you ever convicted?   Yes   No   If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Automobile** (For Delivery Drivers Only)

**Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Vehicle Identification Number:** \_\_\_\_\_

**Vehicle Type** (check one):   **Car (2 door)**   **Car (4 door)**   **Truck**   **Van (mini)**   **Van (standard)**

**References**

**List Two References** (No Relatives):

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**Certification**

**By signing this document, I authorize God's Kitchen of Michigan to verify the information provided and certify that all facts given are provided truthfully and to the best of my knowledge.**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

*For Staff Use Only*

Verification (check only one):   Approved   Not Approved

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date