

TCK Volunteer Registration & Release Form

Welcome to The Community Kitchen (TCK)

Name: _____ Date of Birth: _____
 Address: _____ Home Phone: _____
 _____ Work Phone: _____
 Group Affiliation: _____ Cell Phone: _____
 Organization: _____ Email address: _____
 Emergency Contact: _____ Phone: _____
 Physician: _____ Phone: _____
 Any allergies? _____
 Any physical restrictions? _____
 Do you have a valid driver's license? Yes / No (circle one)
 Is this agency community service? Yes / No (circle one) Agency Name? _____
 Number of agency CS hours _____ to be completed by date _____
 Is this Court Ordered Community Service (CS)? Yes / No (circle one)
 Number of Court Ordered CS hours _____ to be completed by date _____
 TCK's Community Service Policy is to allow 30 hours per individual.* **Note: Inform Volunteer Coordinator ONE WEEK PRIOR for your total hours letter; letters are not available at night or weekends.**
Are you a felon? Yes _____ Registered Offender Against Children? Yes _____

What days are you available: Mon Tues Wed Thu Fri Sat Sun
 Best time(s): _____
 Please choose from the following Volunteer needs: _____ Guest Chef (M-F, 11am-5pm)
 _____ Pantry - Sorting/Bagging Food (M-Th AM) _____ Hot Meals - Kitchen Prep (M-F, 12:00-4:00pm)
 _____ Pantry - Truck Unloading _____ On Call (short notice) _____ Hot Meals - Serve & Clean-up (M-F, 4:30-7:30/until done)
 _____ Pantry - Distribution Line (Wed 12:30-5:30pm) _____ On Call (short notice Hot Meals prep/serve-clean-up)
 _____ Pantry - Distribution Line (Thur 11:30-4:00pm) _____ Hot Meals - Pick up produce @ Farmers Market (Saturdays)
 _____ Pantry - Deliveries (Thur 9:00am-1:00pm) _____ Decorate Hall for holidays and events (late M,T,F; early Sat)
 _____ Pantry - Holiday Distribution (Sun-Mon, Nov & Dec) _____ Special Events (fundraising events, usually Saturdays)

_____ I AGREE TO FOLLOW the Guidelines and Rules, written/verbal, of The Community Kitchen Inc.
 _____ I agree that I am physically able to volunteer at TCK.
 _____ I agree to waive any/all claims arising out of my volunteer situation at TCK, against TCK or any parties connected to TCK.
 _____ I agree I will obtain parent/guardian signature BEFORE I volunteer at TCK, if I am under 18.
 _____ I agree that I must be 18 years of age or older to use knives and to operate any kitchen equipment, loan/unload trucks/vans or to use the conveyor belt.
 _____ I DO / DO NOT consent to the use of my photo, film or video tape taken during my volunteer time for any Community Kitchen purpose.

 Volunteer Signature Date Parent/Guardian Signature Date



For office use: To Be Punched Three-hole

