



Nourishment • Comfort

Date

Hope • Dignity
for Homebound People
with AIDS, Breast Cancer
& Other Life-threatening Illnesses

Kitchen Volunteer Information

Please write legibly and answer all questions. Each volunteer must fill out his/her own intake sheet.

Previous Volunteer? Y/N

First Name _____ Last Name _____

Job Title _____ Business _____

Age _____ Parents' Names _____

Is this for school? Y/N Number of hours needed _____ School _____

Is this for court? Y/N Number of hours needed _____ Court _____

To be completed by _____ Supervisor _____

Phone (Home) _____ (Cell) _____ (Work) _____

Street Address _____

City and Zip _____

Email _____ Drivers License # _____

Date of Birth _____ Insurance Provider _____

How did you hear about MOM? _____

What volunteer commitment are you prepared to make?

We prepare and deliver meals daily to over 300 Marin County residents battling life-threatening illnesses such as AIDS/HIV and cancer. In order to accomplish this we rely upon 120+ volunteers a week. We are grateful for your interest and we want your experience with us to be both positive and enriching. **IT IS ABSOLUTELY IMPERATIVE THAT YOU FOLLOW THROUGH ON YOUR COMMITMENT – our clients depend on you.** If there is a change in your schedule, please notify us as soon as possible. Do not come to the kitchen unless you have notified the office first. If you need to verify your hours with school or court at the end of your community service, make sure to log your hours on the kitchen sign-in sheets EVERY TIME YOU VOLUNTEER or your hours may not be recorded. And please, no cell phones in the kitchen. Thank you for volunteering with Meals of Marin!