**Volunteer Member Application – Our Daily Bread Dining Room of MOT, Inc**

**Contact Information**

|  |  |
| --- | --- |
| Name  |       |
| Street Address  |       |
| City ST ZIP Code  |       |
| Home Phone  |       |
| Work Phone  |       |
| E-Mail Address  |       |

**Availability**

On what days are you available for volunteer assignments? (please indicate times)

[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Weekends/Holidays

Times Available:

**Age**

[ ]  12 to 17 years of age [ ]  18 years of age or older

**Interests**

Tell us in which areas you are interested in volunteering

[ ]  Meal preparation

[ ]  Dining Room Services (set & clean tables)

[ ]  Kitchen cleaning

[ ]  Events [ ]  Fundraising

[ ]  Deliveries [ ]  Phone bank

[ ]  Administration

[ ]  Newsletter production

[ ]  Volunteer coordination

[ ]  Other: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

**Person to Notify in Case of Emergency**

|  |  |
| --- | --- |
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| E-Mail Address  |       |

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**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Contact Information:

Please print and mail to:
Our Daily Bread Dining Room of MOT, Inc. P.O. Box 945
Middletown, DE 19709

Or

Email completed copy to:

 ourdailybread.2016@gmail.com