



## VOLUNTEER APPLICATION

Celestial Manna is a faith-based food recovery nonprofit organization. Volunteers are the core of our operation and we appreciate everyone who gives us the gift of time. We encourage the participation of volunteers who support our mission and core values. If you agree with our mission and are willing to be interviewed and trained in our procedures, we invite you to complete this application. The information on this form will be kept secure and confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Congregation Affiliation: \_\_\_\_\_

Occupation (Previous occupation if retired): \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Please list any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_

Name Reference 1: \_\_\_\_\_ Phone Reference 1: \_\_\_\_\_

Name Reference 2: \_\_\_\_\_ Phone Reference 2: \_\_\_\_\_

Volunteer Interests: Please check all areas that apply

Administration  Communication & Marketing  Events  Food Distribution

Fundraising  Grant Writer  IT  Program Operations  Other

Please indicate days available: Sun Mon Tues Wed Thur Fri Sat

Times available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

As a volunteer of Celestial Manna, I agree to abide by all policies and procedures. I understand that I will be volunteering at my own risk. The organization, its employees, and affiliates cannot assume any responsibility or liability for any accident, injury, or health problem that may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_