



Freely we Receive, Freely we Give

Volunteer Application

Contact Information (Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

(Work) _____ (Fax) _____

E-Mail Address: _____

Preferred form of contact: ___ E-mail ___ Telephone (**Circle One:** Home, Cell or Work) ___ U.S. Mail

Are you at least 18 years of age? ___ Yes ___ No

***Please note volunteers under the age of 18 should be accompanied by a parent or guardian.**

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Current Occupation

___ Full Time ___ Part Time ___ Retired ___ Student ___ Unemployed ___ Other: _____

Company Name: _____ Position Title: _____

If retired, please list your former employer: _____

Previous Volunteer experience(s) listing what organization it was with and what you did: _____

Please provide a minimum of 2 references we may contact. Include name, phone number and email address.



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Interests and Hobbies: _____

Are you a member of one of our partner churches, schools or organizations?

No Yes, which one? _____

Do you speak any second languages fluently and if so which languages? _____

Do you have any physical disabilities or health concerns which would prevent you from performing certain volunteer tasks?

No Yes, please describe _____

Which program(s) are you applying to volunteer with?

Monday Meal Food Shelf (Tuesday) Wednesday Meal

Produce Distribution (Aug. & Sept.) Food Rescue - **Circle Choice(s):** Tuesday and/or Thursday

Which program task(s) are you interested in assisting with?

Setup for meals (Tables, chairs, etc.)

Assist with meal preparation

Serving at meals (Food, produce & bakery distribution, etc.)

Clean up after meals (Put away tables, chairs, etc.)

Food Shelf attendant

Food Rescue (Picking up & Delivering to Open Hands using your personal vehicle, sorting food)

Produce Distribution (Set up, assist at event, clean up)

2 of 3
2021

Please return to: Open Hands Midway
436 Roy St. N
St. Paul, MN 55104
Email: info@openhandsmidway.org



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Please help us in our recruitment efforts by telling us how you heard about our volunteer opportunities:

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I consent to complete a background screening if my application is accepted for volunteer service. I understand that completing this application does not ensure a volunteer role with Open Hands Midway.

Signature of Applicant: _____ Date: _____

This information is used for tracking and/or recognition.

Caucasian Native American/Alaskan Native Black
 Hispanic S.E. Asian/Pacific Islander Other: _____