

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



## Greater Orlando Food Outreach Volunteer Application

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

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

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

How did you hear about us? \_\_\_\_\_

### When would you like to volunteer? (circle)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday  
                    Morning              Afternoon              Evening

### How often would you like to volunteer?

\_\_\_\_\_ hours per day              \_\_\_\_\_ hours per month  
\_\_\_\_\_ hours per week              \_\_\_\_\_ total hours

Are you volunteering to meet a requirement for school, work, etc?    Yes    No

Have you been court-ordered to volunteer?    Yes    No

### How would you like to help?

Food Center Assistant	Thrift Store Assistant	Special Events
Project Coordinator*	Clinic Assistant*	Kid Zone Attendant*
Access Center Assistant*	Thrift Store Driver*	Computer Counselor*
Office Assistant	Compassion Resource Navigator*	Reception*

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

\*required training & or screening

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**Parental Consent**

For volunteers under 18 years of age

I, \_\_\_\_\_ hereby give consent for \_\_\_\_\_  
to volunteer at the Destiny Foundation's Greater Orlando Food Bank.

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