

Sadie's Upscale Consignment & Resale

Volunteer Application

Thank you for volunteering for Metroport Meals On Wheels!

We ask you to please fill out the following information. We also ask that you are serious about your commitment to MMOW and Sadie's Consignment and Resale. We will schedule you for a regular shift or if you wish, we can call you when we need a substitute.

Name _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Employer: _____

Emergency Contact: _____ Daytime #: _____

Please circle yes or no to the following questions:

Do you have a truck: **Yes / NO**

Can you lift a minimum of 25 lbs.: **Yes / NO**

Please circle the dates and times you are available to work:

Dates Available:	Mon	Tues	Wed	Thu	Fri	Sat
	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM

Would you like to volunteer for a regular shift each week: **Yes/NO** If yes, what Day: _____

If not, how often would you like to volunteer? _____

Please circle all areas of interest and/or experience:

Sales Display/Merchandising Tagging/Sorting Merchandise Solution Inventory Picking Up Donations

Signature: _____ Date: _____

Confidentiality Agreement

I promise that I shall hold in confidence and not divulge any information regarding participants involved in Metroport Meals On Wheels, Inc. ("MMOW"). I will not violate the confidential relationship between MMOW, its participants, program and volunteers. I accept full responsibility for maintaining the confidential and private nature of all records and information entrusted to my care and will return all information to the proper employee upon completion of my volunteer shift.

Signature _____ Date _____ 200__

Print Name _____

Signature of Parent or Legal Guardian _____

(if applicant is under the age of 18)

Photo Release

I **DO**
 DO NOT

Consent to and authorize the use and reproduction by Metroport Meals On Wheels, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____ 200__

Print Name _____

Signature of Parent or Legal Guardian _____

(if applicant is under the age of 18)

Volunteer Skills

Name: _____

Address: _____ City: _____

Home: _____ Work: _____ Cell: _____

MMOW frequently needs volunteers to assist with special projects. Please check any of the following volunteer opportunities that are of interest.

- Senior Center Activities
- Languages spoken: _____

Would you be willing to provide any of the following services for our organization? Please check all that apply.

- Running errands
- Grocery shopping

- Golf Tournament
 - _____ Planning Committee
 - _____ Day of Tournament Volunteer
 - _____ Auction Committee

- Home repair for participants
 - Painting
 - Carpentry
 - Electrical
 - Plumbing
 - Fence repair
 - Yard work (mowing, trimming hedges, etc.)
 - Gardening (weeding, planting, etc.)
 - Other (please specify): _____

- Special Events Committee
- Mailings
- Marketing/Public Relations/Publicity
- Leadership
- Scrapbooking
- Speakers Bureau (marketing presentations about MMOW in the community)
- Graphic artist/designer
- Photography
- Computer skills
 - Hardware (please specify): _____
 - Software (please specify): _____
 - Website design (please specify): _____
- Other (please specify): _____

