



**Bread of Life Outreach Center
Volunteer Information Form**

Please Print

For BOLO use only

Initiated Call _____
Contact Made Y _____ N _____
2 nd call if needed _____ 3 rd call _____
Orientation _____
Vol. Contact Info Sent on _____
Start Date _____

Name _____

Address _____ City _____ Zip _____

Cell Phone _____ Landline _____ Email _____ Birthday Mo. _____

Emergency Contact _____ Phone _____

Can we contact you? (Check all that Apply) By: Email _____ Phone _____ Text _____ Snail mail _____

Do you have computer skills? Y _____ N _____ What life skills or talents can you share? _____

Where would you like to volunteer? Food Pantry _____ Gabriel's Closet _____ Food Shopping _____

Farmers Market _____ Cleaning _____ Maintenance _____ Gardening _____ Special Events _____

Marketing _____ Office work _____ Snow removal _____ Other Interests / Talents _____

Days I'm available to work at BOLO Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

I am willing to work _____ days per month, I'm flexible _____

I hereby grant the Bread of Life Outreach Center permission to use my photograph in conjunction with my name or a fictitious name for reproduction in advertising, display or editorial use. I also appreciate and understand the importance of client confidentiality and will respect it.

(Signature Volunteer)

(Signature BOLO Representative)

(Date)

(Orientation Completed – Date)