

Greensburg Community Bread of Life, Inc.

Volunteer Information Form

Date:	How were you referred	to us?		
Name:				
Address:	City:_		_Zip:	
Home Phone:	Cell Phone:			
E-mail address:	ess:Birthday:			
May we call last minute?				
Days available:Mon	_WedThurs. Times Av	ailable:8-12am	n12-33-5pm	
Which position(s) are you	u interested in? (Please of	circle)		
Substitute	ssistant Food Rescue D	_	Delivery Driver	
Please provide 2 Refere	nces:			
	Phone: Phone:			
		•••••		
<u>Health Information</u>				
Anemia Y/N Ir	leart Disease Y/N regular Heartbeat Y/N ainting spells Y/N	Hepatitis Y/N	Y/N (explain) cleaners, etc.) Y/N	
Are you on any medication	ons that we should be aw	are of, if so what o	ones?	
Are you CPR Certified?_				
Whom should we call in	case of emergency?			
Name:	Phone:			



Greensburg Community Bread of Life, Inc.

Volunteer Information Form

Consent to Seek Treatment

I,, Life staff and volunteers to seek appropriate	give consent to Greensburg Community Bread of medical treatment in case of a medical emergency.
Signed:	
Date:	
*If volunteer is a minor (under age 18), Parer	nt or Guardian consent is required.
Volunteer's Name:	
Parent or Guardian	
Contact Number:	

You are required to wear closed-toe shoes while volunteering at the Bread of Life. You will be asked to wear a hair net or you may bring a hat to wear. Please park your car in the far right parking lot. If lot is full you can park in front of the building or Knights of St. John.

If you are unable to volunteer the day you are scheduled, please call 812-662-4887 or email greensburgbreadoflife@etczone.com.

Note:

Your birthdate will be given to WTRE to help them raise funds for local charities. Your email will be added to the monthly e-newsletter list.