

Senior Nutrition Program Volunteer Registration Form

FOR OCED USE ONLY

Confidentiality Pledge

Training Verification

Authorization & Release (HDM only)

Volunteer information is requested for the senior nutrition program information system. All information is kept confidential. Your emergency contact may be notified in an emergency and contact information may be shared, if necessary. Completing this form means you wish to provide volunteer service as an In-Kind contribution. Thank you for your participation in this program!

PLEASE COMPLETE ALL INFORMATION IN THE BOX

Last Name	First Name	Middle Initial
Street Address	City / /19	Zip Code
Telephone	Date of Birth	
<input type="checkbox"/> On-Site Volunteer	<input type="checkbox"/> Meal Delivery Volunteer (<u>requires a background check</u>)	
Volunteer Signature	Date	Program Site Name
Site Representative Signature	Date	

Demographic Information (not required but useful information that helps with our funders!)

Number in household: _____ Yearly household income (approximate): _____
 Marital status: _____Married _____Divorced _____Widowed _____Single (never married)
 Gender: _____Male _____Female

Race:
 Asian/Native Hawaiian/Pacific Islander Multi-racial: Please specify: _____

Are you Hispanic/Latino?

Living Arrangements:

<input type="checkbox"/> Own home	<input type="checkbox"/> In transition/shelter
<input type="checkbox"/> Rent subsidized home (e.g. Section 8)	<input type="checkbox"/> Homeless
<input type="checkbox"/> Rent unsubsidized home	<input type="checkbox"/> Living with friends/family

Emergency Information

Emergency Contact Name: _____ Telephone: _____
 Relationship: _____