

Master's Table Community Meals Volunteer Information Sheet

Date: _____

Please print clearly

Name: _____

Email: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____ List any limitations: _____

Emergency Contact/Relationship: _____

Phone: _____

Please list and special skills/talents/experience you may have: _____

Are you CPR or First Aid Certified: Yes No If yes, expiration date: _____

Virtus Training completed: Yes No Emergency preparedness training completed: Yes No
Diocese/year: _____

In consideration of working as a volunteer for Master's Table Community Meals, Inc, I hereby waive and release all claims for personal damages that I may have against the organizers, sponsors, and the Master's Table Community Meals, Inc, its officers, employees or agents, arising from or attributable to any and all injuries, damages or liabilities which I or my children may suffer while taking part in any activities connected with volunteering. I attest and verify that I am physically fit. I also give permission for the use of my name and picture in any broadcast, telecast and/or print media while volunteering.

Name (printed): _____ Date: _____

Signature: _____ (parent/guardian if under 18) must sign

All information you have provided us with will remain strictly confidential!

Thank you and enjoy your experience of volunteering with the Master's Table.