



**Renal Di, Inc.**  
Non Profit 501 (c) 3

Renal-Di is a 501 (c) (3) nonprofit organization dedicated to provide food and resources to patients who are currently on dialysis. If you agree with our mission and agree to be trained in our protocols, please complete this application. Your information will be kept confidential and we will find the best placement possible to volunteer for us.

**Volunteer information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_  
\_\_\_\_\_

- Interests: Please tell us in which areas you are interested in volunteering (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Administration               | <input type="checkbox"/> Deliveries    |
| <input type="checkbox"/> Events                       | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Program                      | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Other (please explain below) | <input type="checkbox"/> Fundraising   |

\_\_\_\_\_

**Days available to volunteer. (Check all that apply)**

- Monday     Tuesday     Wednesday     Thursday     Friday  
 Saturday     Sunday

**Times available:**

From \_\_\_\_\_ to \_\_\_\_\_

**Any physical limitations?** \_\_\_\_\_

**In case of emergency contact:** \_\_\_\_\_

As a volunteer of Renal-Di, Inc, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_