

501(c)3 Nonprofit serving those in need

SECTION I		Date			
Name					
Address		City	S	tate	Zip
Home Phone: _	Cell Phon	e:	_ E-mail:		
SECTION II					
Why do you wa	nt to work with Café 87				
Previous Volunt	eer Experience				
Occupation (Pas	st occupation if retired):				
Other informati	on that will help us make a go	ood match (such a	as education, gen	eral inter	ests/hobbies)
Languages Snok	en:				
Languages Spok	en:				·····
SECTION III					
Availability and	Volunteer Assignment Prefer	ences			
Please Check Ali	l That Are Applicable:				
l Am Available	☐ Mornings (Mon-Fri)	□Afternoons	s (Mon-Fri)	□Even	ings (Mon-Fri)
	☐ Weekends	□Once A We	ek	□More	e Than Once a Weel
	☐ One Time Only	\square As Needed		□отні	ER
Area of Service					
	□Administrative	☐ Cooking	□Deli	ivery	

SECTION IV

	Do You Have a Valid (State) Driver's License? Yes No				
	Have You Ever Been Convicted for Violation of Any Laws,	Traffic or Otherwise? Yes No			
	If Yes, Please Explain:				
	Have you taken the Ohio Person in Charge Level 1 food safety training course? Yes No				
	(If not Café 87 will provide the training at our expense)				
	Do You Have Any Physical Condition that May Limit Your Activities? Yes No				
	If Yes, Describe:				
	Who To Notify in Case of An Emergency?				
	Telephone Number:				
SECTIO	N V [References]				
	Please list three persons we may call who are NOT family	, one of whom may be your religious or spiritual			
	leader, teacher, employer, or relationship other than frie	nd.			
	Name	Phone			
	Address				
	Relationship				
	Name	Phone			
	Address				
	Relationship				
	Name	Phone			
	Address				
	Relationship				
Comme	ents:				
	I hereby give my consent to contact my references and to conduct a background check.				