VOLUNTEER PROFILE FORM

Someone Cares
SOUP KITCHEN AND TUTORING PROGRAM

Name: _____ Phone Number: (_____) _____-_____ Are you at least 15 years old? Yes □ No □

Address: _____ Email: _____
Street City Zip Code **(May we email you for future news & events? Yes □ No □)**

Emergency Contact: _____
Name Relationship Phone Number

How did you hear about us? _____ Volunteer Start Date: _____

Do you have any disabilities we should be aware of that would prevent you from performing the function of a volunteer? (I.e., Standing, lifting 25lbs, twisting, bending over, etc.): _____

Special Interests or Professional Background (I.e. - Fundraising, Gardening, Cooking, Special Events, etc.):

_____

Are you volunteering with a group? Yes □ No □ ***(If "No," please skip to the next section.)***

If "Yes," what is the date & Shift of your event? ____/____/_____ ☐ 9 AM – 12 PM OR ☐ 12 PM – 4 PM

What is the name of your group? _____

How many participants are in your group? _____ Are all participants 15 years old or older? Yes □ No □
(MAX Group size is 10 people.) **(All Participants MUST be 15 years old to volunteer – NO EXCEPTIONS.)**

Who is the primary contact that will be responsible for the group on the day of the event?

_____
Name Number Email

If you currently have symptoms of any illness and/or have been out of the country within the past 14 days, we ask that you take the proper procedures to ensure the health and safety of our volunteers, guests, and staff before volunteering with us.

For more information: Please email info@SomeoneCaresOC.org