## Volunteer Application for My Brother's Keeper Shelter (MBK Shelter)

\*Please note, all students under 16 years of age must be accompanied by a parent or guardian when volunteering. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **Affiliation** Church, Civic Organization or Group Association: Are you a student? Yes or No High School: College: \_\_\_\_\_ **Emergency Contact** Full Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_\_ Relationship to you: \_\_\_\_\_ **Volunteer Interest** Please select your possible area(s) of interest:

Cook

Kitchen Helper Food Preparer in dining room

Kitchen Clean-up

	Food Delivery								
				Clothing Closet			l Truck Cookie Pick up Grocery Pick up		
How o	often are you ir One Time Bi-We	Periodi	cally	Once per M	onth	Week	e <b>eper Shelter</b> ly Weel nunity Service		
If com	munity service Number of ho		ded:	Orga	nization:	:			
Please	select availab Sunday Saturday	Monda		Tuesday	Wedn	iesday	Thursday	Friday	
	u possess any <b>s</b> be:						ther's Keeper	Shelter? Please	
How o	lid you hear ab	out My	Brothe	er's Keeper Sl	nelter?				
				Religious Institution Civic Other		Group	Social Media	a Print Media	
	I give My Broted for publication		eper SI	helter permis	sion to u	se pictu	re/video imag	es of myself as	
				Release o	f Liabili	ty			
liabilit	volunteer, rele y, claims, and o y hereafter ari	demand	s of wh	natever kind c	r nature,	, either	Shelter from a	any and all Juity, which arise	
Sign: _	n:						Date:		
Paren	t or Guardian:					_			