



united community outreach ministry

## Volunteer Information Sheet

### **Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Days of week available: \_\_\_\_\_ Hours: \_\_\_\_\_

### **Emergency Information**

Emergency Contact Name: \_\_\_\_\_ Number \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Allergies if any: \_\_\_\_\_

### **Affiliations**

Name of Religious Entity if any: \_\_\_\_\_

Organizations: \_\_\_\_\_

### **Program Interest (please check all that you are interested in):**

\_\_\_ Food Pantry at 3349 St Augustine Road

\_\_\_ Meals on Wheels Delivery

\_\_\_ Truck Driving for retail partner donations

\_\_\_ Nutritionally Secure Seniors

\_\_\_ Composting and Waste Management

\_\_\_ Mobile Pantries

### **OPT IN Permissions:**

By providing your phone number and email address, you are opting in to receive texts (standard rates may apply) and emails from UCOM staff. The purpose of our communication will be to remind you of your chosen volunteer shift or to distribute newsletters that share the impact of UCOM's mission.

\_\_\_\_\_ Date this was filled out and permission granted to UCOM.

***Our Mission: "Stabilizing families in crisis, providing food security for the hungry, and empowering the community to meet neighbor's needs."***